

# Mystery Shop Questions

(100 pts total)

Store Location \_\_\_\_\_

Store Phone # (from receipt) \_\_\_\_\_

**Important: Please review job notes before conducting shop and completing this form. All "no" answers require an explanation/comments.**

## Section 1: Preliminary Information (Non-scored)

1. Please indicate the number of Crew Members actively helping customers when you entered the store:
2. Please indicate the number of people in line in front of you:
3. Did anyone leave the line? If yes, please state the number of people that left:
4. Please detail the exact time it took to be served from the time you joined the line until a Crew Member offered to help/serve:
5. Please indicate the name of the Crew Member that served you:
6. Please describe in detail your final order (include ice cream, any mix-ins or the Creation ordered):
7. Please indicate if you saw the "Did you love it? 1-866-4Mixins" sticker on the front window of the store:
8. Please indicate the number of granite stones in use:

## Section 2: Store Cleanliness and Operations (40 pts)

	Yes	No	N/A	Value
9. Was the area outside the store clean and well maintained (floor, windows, tables and chairs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pts
10. Was the lobby area clean (floor, tables and chairs, and trashcans)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pts
11. Were the restrooms clean and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 pts
12. Was the lobby display case (cakes and Grab-n-Go products) clean and did it appear to be full and well merchandised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 pts
13. Was the Pepsi display case full with at least five varieties of beverages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 pts
14. Was the sneezeguard (glass in front and on top of the ice cream display case and mix-in jars) clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pts
15. Were the ice creams in the display case attractively displayed with no empty pans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pts
16. Were all those who were serving customers in clean, professional uniforms (hat and apron) and wearing nametags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pts

## Section 3: Service Experience (60 pts)

	Yes	No	N/A	Value
17. Did a Crew Member greet you or acknowledge you with a smile, nod or wave in a timely manner after entering the location? If no, please indicate the amount of time it took before you were acknowledged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 pts
18. Was the Crew Member first to initiate the service interaction when you approached the ice cream display case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 pts
19. Did the Crew Member suggest additional items (e.g. mix-ins, waffle product, larger size) or recommend one of their favorites, or tell you about new products or promotions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 pts
20. Was the transaction processed correctly? Please indicate if cashier was different than person that served you. <i>Note: If no, please state how much you were over/under charged.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 pts
21. Did the Crew Member smile and make eye contact with you while providing quick and efficient service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 pts
22. At the end of the transaction, were you thanked and/or invited to return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 pts
23. Did the Crew Member show appreciation when you tipped a dollar (either sang, told a joke, or gave a sincere thank you)? If yes, what did they do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pts

## Section 4: Customer Feedback (Non-scored)

*1=Excellent; 2=As Expected; 3=Disappointing*

	1	2	3
24. Please rate your overall experience. Please comment fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Please rate the product quality. Please comment fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Please rate if your experience represented good value for your dollar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Please comment on how well you believe the store was staffed and prepared to serve customers.			
28. If you feel a member of staff provided you with exemplary service, please explain why (If not, please state N/A).			