Observation Form

|  |  |
| --- | --- |
| Name of Observer: | Date of Observation: |
| Location of Observation: | Time From: To: |

|  |  |  |
| --- | --- | --- |
| **Customer** | **Length of Service**  **(In Minutes)** | **Customer Satisfaction**  **(Happy, Content, Upset)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Observation of Environment: (Cleanliness, sounds, smells, etc.)**

|  |
| --- |
|  |

**Observation of Staff: (Teamwork, helpfulness, production)**

|  |
| --- |
|  |

**Additional Observations**

|  |
| --- |
|  |