

Business Assessment Form

Name:

Business Name:

Email:

Phone:

Date:

1. As a customer, how would you rate the first impression of your business?
 Very Good Good Fair Poor
2. As a customer, how would you rate the presentation of your business?
 Very Good Good Fair Poor
3. As a customer, how would you rate the presentation of your staff?
 Very Good Good Fair Poor
4. How does the marketing in your business work for you? This can be menu presentation, signage, adverts, and upselling.
 Very Good Good Fair Poor
5. How would you rate your ability to train your staff?
 Very Good Good Fair Poor
6. Do you have systems in your business that are documented clearly in manuals available to staff?
 Yes No
7. Do you feel the Food and Beverage items on your menu are
 Very Interesting Good Average
8. Do you analyse rosters and labour costs on a regular basis
 Yes No
9. Are you happy with the profits your business is making?
 Yes No
10. If you were to employ a consultant, what areas would you like to work on?
 Staff training Profits Systems Operations Food & Beverage Accommodation

Give me a brief description of your business: