Observation Form

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

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| **Customer** | **Length of Service****(In Minutes)**  | **Customer Satisfaction****(Happy, Content, Upset)** |
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**Observation of Environment: (Cleanliness, sounds, smells, etc.)**

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

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**Additional Observations**

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