

# MAINSTREET VENTURES

## BAR MYSTERY SHOP

# INSTRUCTIONS

## QUESTIONNAIRE

You and a guest will have a meal at the bar of a Mainstreet Ventures restaurant while evaluating food quality, bartender service, and meal timing. A reservation is not required.

### Before You Begin

- Review your shop confirmation
- Identify a guest to bring with you
- Know the timeframe to arrive
- Review ordering requirements
- Have a device to record service times

### Don't Forget!

- Sit at the bar, not at a table
- Follow all ordering requirements
- Say you are a first-time guest
- Record required service times
- Take your copy of itemized receipt



## General Requirements

- Read all instructions and the entire questionnaire before you complete the shop.
- Check your shop confirmation for the allowed timeframe to visit.
- You are required to sit at the bar for your meal. You may not sit at a table.
- Spend a minimum of 30 minutes dining at the bar and making observations.
- Bring a guest with you. All guests must be adults. Children are not permitted as guests.
- Keep the itemized receipt given to you when the bill arrives and your customer copy of the receipt with the tip amount clearly written on it. Upload both images with your report.
  - Give a gratuity of 20% for service, regardless of service quality (e.g., tip \$8 on a \$40 bill).
  - If not given an itemized receipt, do not ask for one as doing so may reveal your identity.
- Do not reveal your identity as a mystery shopper to anyone at any time.
- Submit your report to [shopperhub.cxgroup.com](https://shopperhub.cxgroup.com) within 12 hours of completing the shop.
- Retain all documentation for six months following your shop.
- You or your immediate family members cannot currently nor have ever worked for a Mainstreet Ventures restaurant.



## Shop Instructions

### Step #1: Know the minimum ordering requirements

- Order the following items at a minimum:
  - ✓ 1-2 appetizers or 1-2 entrees
  - ✓ 2 beverages

- At least one of the beverages you order should contain alcohol. The other may be non-alcoholic.
- You and your guest cannot order the same menu item for any course.
  - Variations on the same menu item (e.g., two pizzas with different toppings) are not considered different menu items.

### Step #2: Sit at the bar for your meal and say you're a first-time guest

- Sit at the bar itself. Do not sit at a table in the bar area or at a table in the dining room.
  - If seated by a host, inform them that you would like to sit at the bar and not at a table.
- Tell the employee who takes your order that this is your first visit, even if it is not.
  - This is required to prompt the employee to provide a menu presentation.
- Listen as the employee provides information about the restaurant and describes the menu in full. Do not indicate that you are only interested in hearing about certain items.

### Step #3: Make staff observations, ask the location of the restroom, and capture wait times

- Remember employee names from their nametags and their complete physical descriptions.
- Observe if a manager is actively working in the dining area.
  - The management team can be identified by their Mainstreet Ventures management pin.
  - The manager often takes the role of host. If the host is not wearing a nametag and is in business attire, consider them a manager.
- Visit the restroom. Ask someone other than the bartender the location of the restroom (even if you can locate it on your own) to evaluate whether you are verbally directed or walked to within view of the restroom.
- Capture the following wait times using a watch or another device:
  - ✓ Time from sitting down at the bar to being acknowledged
  - ✓ Time from when you placed your beverage order until beverages were served
  - ✓ If ordered, time from when you placed your appetizer order until it was received



Management identifier pin



# QUESTIONNAIRE

Shop date:

Start time:

End time:

## Visit Details

1. Scenario used for this visit:

Bar visit scenario

Happy Hour visit scenario

Rooftop scenario

2. What time did you arrive for your bar visit?

2pm – 4pm

4:01pm – 6pm

6:01pm – 8pm

8:01pm – 10pm

## Associate Names

3. What was the name of the bartender who primarily assisted you?

*If no nametag was worn and a name was not obtained, provide the bartender's gender, hair color, height, and age range.*

4. What was the name of the second bartender who assisted you?

*If no nametag was worn and a name was not obtained, provide the second bartender's gender, hair color, height, and age range. If you were assisted by only one bartender, enter N/A.*

5. Was a manager visible in the bar area assisting guests or helping the bartenders?

Yes

No

6. Describe what the manager was doing during your visit:

## Bar Appearance and Atmosphere

7. Was the bar area clean and well maintained?

*This includes the bar top and the back bar area.*

Yes

No

8. If no, please explain.

9. Were the tables and chairs in the bar area clean and organized?

Yes

No – clean but not organized

No – organized but not clean

No – neither clean nor organized

10. If no, please explain.

11. Were the temperature, lighting, and music set at appropriate levels?

10 – Extremely appropriate

9

8

7

6

5 – Somewhat appropriate

- 4  
 3
- 2  
 1 – Extremely inappropriate

12. If not appropriate, please explain.

13. Bar Appearance and Atmosphere comments:

*Please provide a paragraph of comments describing the cleanliness and atmosphere of the bar area.*

### Bartender Interaction

14. After you sat down at the bar or in the bar area, how many minutes did you wait to be acknowledged?

- Under 1 minute  
 1-2 minutes
- More than 2 minutes

15. Did the bartender(s) have a neat and clean appearance?

- Yes  
 No – clean but not neat
- No – neat but not clean  
 No – neither clean nor neat

16. If no, please explain.

17. Was the bartender measuring pours when making cocktails and while filling beer and wine orders for guests?

- Answer Yes if you observed the bartender using a jigger or other measuring device when preparing cocktails or mixed drinks, if wine pours looked consistent, and if there was limited spillage when pouring draft beer.*
- Answer N/A if there was not a seat at the bar available or the bartender did not prepare any alcoholic beverages during your visit.*

- Yes  
 No
- N/A

18. Did the bartender place your bill in front of you upon presenting your first beverage(s)?

*The bill should be placed in front of you on the counter, placed in a cocktail glass or billfold, or in any other type of holder. This should be done after every drink is served. Answer N/A if there was not a seat at the bar available.*

- Yes  
 No
- N/A

19. Was your bill updated and placed back in front of you after each additional item was ordered?

*The bill should be removed, updated, and placed back in front of you each time something new is ordered, and the new item must be added to your check. Answer N/A if there was not a seat at the bar available or if you placed your entire beverage and food order at once.*

- Yes  
 No
- N/A

20. Did the bartender describe the concept/culture of the restaurant, mention the chef, display menu expertise, and share his/her menu knowledge with you by guiding you through the menu or offering suggestions?

*Answer Yes if the bartender described the concept/culture, mentioned the chef, pointed out specific items on the menu, made suggestions, etc.*

- Yes  
 No – the bartender mentioned some items, but not all
- No – the bartender did not provide a menu presentation

**21. Please describe the bartender's menu presentation.**

*Explain what was said or done during the menu presentation. Include any specific suggestions made and how the bartender described the menu. If no menu presentation was offered, explain what happened instead before you placed your order.*

**22. After you placed your food order, did the bartender ask if you would like bread?**

*Answer N/A if you visited a Palio location in Grand Rapids or Owing Mills, a Gratz location, a Chop House location, or Blue Jack.*

Yes

N/A

No

**23. If no, please explain.****24. Did the bartender anticipate your needs and honor requests in a gracious and timely manner?**

Yes

No

**25. If no, please explain.****26. Did the bartender maintain a professional demeanor throughout your visit?**

*Answer Yes if all associates worked purposefully and professionally throughout your visit.*

Yes

No

**27. If no, please explain.****28. Bartender Interaction comments:**

*Please provide a paragraph of comments describing the service you received and your interaction with the bartender(s) during your visit.*

**Food and Beverage Service****29. After you ordered, how many minutes did you wait for your beverage(s) to be served?**

Under 5 minutes

5-8 minutes

More than 8 minutes

**30. Were your beverages served in clean glassware?**

Yes

No

**31. If no, please explain.****32. After you ordered, how many minutes did you wait for your appetizers to be served?**

*Answer N/A if you did not order any appetizers.*

Under 10 minutes

More than 12 minutes

10-12 minutes

N/A

**33. List the full name of all food items ordered.****34. List the full name of all beverages ordered.****35. Was each food item served at the appropriate temperature?**

Yes, all items served at appropriate temperatures

Some, but not all, items served at appropriate temperatures

No, none of the items were served at appropriate temperatures

36. Were all ingredients fresh in taste and appearance?

Yes  No

37. Were all beverages appropriate in quality and temperature?

Yes  No

38. Did anyone perform a verbal quality check of your food after two bites?

Yes  No

39. Did anyone refill your beverages or offer another beverage as needed throughout your meal?

Yes  No

40. Were all non-alcoholic beverages listed on your bill?

Yes  N/A – only water or alcoholic beverages were ordered  
 No

41. If the taste, temperature, or appearance of any of the food or beverage items did not meet your expectations, please explain.

*Enter N/A if all the food and beverage items met or exceeded your expectations.*

42. Food and Beverage Overall Comments:

*Please a paragraph of comments describing your overall impressions of the food and beverage taste, freshness, and quality.*

## Overall Visit Impressions

43. Please select all positive behaviors you observed:

*Select all employee behaviors you saw other customers experience or that you personally experienced when interacting with the employees.*

<input type="checkbox"/> Greeting was enthusiastic	<input type="checkbox"/> Engaged
<input type="checkbox"/> Made good eye contact	<input type="checkbox"/> Friendly
<input type="checkbox"/> Smiled	<input type="checkbox"/> Attentive
<input type="checkbox"/> Thanked	<input type="checkbox"/> Focused
<input type="checkbox"/> Anticipated guests' needs	<input type="checkbox"/> Pleasant
<input type="checkbox"/> Made conversation	<input type="checkbox"/> N/A – did not observe any of these behaviors
<input type="checkbox"/> Professional	
<input type="checkbox"/> Prompt	

44. If you chose N/A, please explain.

45. How many of the positive behaviors were observed?

<input type="checkbox"/> 0	<input type="checkbox"/> 7
<input type="checkbox"/> 1	<input type="checkbox"/> 8
<input type="checkbox"/> 2	<input type="checkbox"/> 9
<input type="checkbox"/> 3	<input type="checkbox"/> 10
<input type="checkbox"/> 4	<input type="checkbox"/> 11
<input type="checkbox"/> 5	<input type="checkbox"/> 12
<input type="checkbox"/> 6	<input type="checkbox"/> 13

46. Was the condition of the exterior clean and well maintained?

Yes

No

47. If no, please explain.

48. Was the restroom clean and well stocked?

- *Answer Yes if soap, toilet paper, and paper towels/hand dryer were present and the walls, floor, and fixtures were clean.*
- *Answer No if soap, toilet paper, paper towels/hand dryer were not present or if the walls, floor, or fixtures were dirty.*
- *Answer N/A if the restroom was unavailable during your visit.*

Yes, clean and well stocked

No, neither clean nor well stocked

No, clean but not well stocked

N/A – restroom not available

No, well stocked but not clean

49. Which restroom did you observe during your visit?

Men's

Family/Unisex

Women's

N/A – restroom not available

50. Were you walked to within view of the restroom?

- *Ask an associate other than the bartender where the restroom is located.*
- *Answer Yes if the employee escorted you most of the way to the restroom so that you were easily able to find it. The employee does not need to walk you all the way to the restroom door for a Yes.*
- *Answer No if you were only given verbal directions and had to locate the restroom on your own.*

Yes

No

51. If no, please explain.

52. Were you given the right of way by all associates while walking in the dining room?

Yes

No

53. How would you describe your visit to a friend?

Excellent

Fair

Good

Poor

54. Based on this visit, how likely are you to return?

10 – Extremely Likely

4

9

3 – Not Likely

8

2

7 – Likely

1

6

0 – Extremely Unlikely

5

55. Based on this visit, how likely are you to recommend the restaurant?

10 – Extremely Likely

4

9

3 – Not Likely

8

2

7 – Likely

1

6

0 – Extremely Unlikely

5

56. Overall Impression Comments:

Please provide a paragraph of comments describing your overall impressions of the visit and why you would or would not return.

## Demographic Information

### 57. Evaluator Age:

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21-25 | <input type="checkbox"/> 46-50 |
| <input type="checkbox"/> 26-30 | <input type="checkbox"/> 51-55 |
| <input type="checkbox"/> 31-35 | <input type="checkbox"/> 56-60 |
| <input type="checkbox"/> 36-40 | <input type="checkbox"/> 61+   |
| <input type="checkbox"/> 41-45 |                                |

### 58. Evaluator Education:

- |                                               |                                           |
|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Attended High School | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Post Graduate    |
| <input type="checkbox"/> Attended College     |                                           |

### 59. Household Income:

*Combined resident total*

- |                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Less than \$20,000  | <input type="checkbox"/> \$50,000 - \$59,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$69,999 |
| <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$70,000 - \$79,999 |
| <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$80,000+           |

END OF QUESTIONNAIRE