Kent City Health Department - Food Service Customer Satisfaction Survey

This form can be completed online via our website: www.kentohio.org

1. Your role(s) in response to this survey:

- O Owner
- O Manager
- O Asst. Manager
- O Other, please specify____

2. Were you present for the inspection by the Kent City Health Department's Sanitarian (food inspector)?

- O Yes
- O No

3. Do you feel the last food service inspection of your facility was a fair representation of your facility?

- O Yes
- O No

If you answered No, why wasn't it a good representation?:

4. Are the food service inspection reports you receive from the Kent City Health Department easy to understand?

- O Yes
- O No

5. Do you like to see the Food Service Inspections posted online?

- O Yes
- O No
- If you answered No, why?:_____

| Please rate each item in the categories below : | | | | | | |
|---|------|------|------|--------------|-----------|--|
| | Poor | Fair | Good | Very Good | Excellent | |
| Ohio Food Code | | | | | | |
| 6. How would you rate your understanding of the Ohio Food Code? | 0 | 0 | 0 | 0 | 0 | |
| 7. How would you rate your understanding between Critical Violations and Non-Critical Violations? | 0 | 0 | 0 | 0 | 0 | |
| Food Inspector | | | | | | |
| 8. How would you rate your food inspector on "courtesy to the public" during the inspection? | 0 | 0 | 0 | 0 | 0 | |
| 9. How would you rate your food inspector on "professional manner" during the inspection? | 0 | 0 | 0 | 0 | 0 | |
| 10. How would you rate your food inspector on "knowledge of the Ohio Food Code"? | 0 | 0 | 0 | 0 | 0 | |
| 11. How would you rate your food inspector on "suggesting ways to improve operations"? | 0 | 0 | 0 | 0 | 0 | |
| 12. How would you rate your food inspector on the "explanation of violations on the inspection report"? | 0 | 0 | 0 | 0 | 0 | |
| Overall Satisfaction with Suggestions or Concerns | | | | | | |
| OVERALL SATISFACTION RATING: | 0 | 0 | 0 | 0 | 0 | |

Please provide any suggestions or concerns you have that can help us improve your overall satisfaction with the services(s) provided through the Environmental Health Food Service Program at the Kent City Health Department:

| Thank you for taking a moment to complete this survey. Your feedback | is important to us. |
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|--|---------------------|

| Contact information (Opuonal) | |
|------------------------------------|---|
| Your Facility Name: | |
| Person(s) filling out this Survey: | _ |
| Phone: | |
| Fax: | |
| Email: | |