



## Top 100 Chinese Restaurants General Performance Evaluation

Location #: **509292106**      Location Name: **Little Chopsticks**      Address: **495 Smith ST  
Route 44  
Providence RI  
02908**      Telephone: **401-273-0049**

Restaurant Type: **Dine-in**

Traffic: **Light**      Day Part: **10 AM - 2 PM**      Date of Visit: **06/03/2009**      Hours of Operation: **10:30 AM - 10:15 PM**

Month: **06. June**      Quarter: **2**      Year: **2009**

**Décor & Atmosphere Total: 90.00%**

**Cleanliness & Sanitation  
Total: 100.00%**

**Service Total: 96.67%**

**Food Total: 100.00%**

**Bottom Line: 100.00%**

**Server/Order Taker's Name: Unknown**

**Exp: Fulfilled**

**Rec: 10**



**OVERALL EXCELLENCE  
TOTAL:**

**97.89% (139 of  
142)**

**GENERAL OBSERVATION  
TOTAL POINTS: 3/10**

### SCORING CRITERIA

10-1: 10-9 = Excellent, 8-7 = Above Average, 6-5 = Average, 4-3 = Below Average, 2-1 = Poor  
4-1: 4 = Excellent, 3 = Good, 2 = Fair, 1 = Poor


N/A = Both the actual and the possible points are discarded, so as not to adversely affect the total score.

### ATTACHMENTS

Please scan your receipt and attach it here or fax it to the number provided in the Shopper Directions. This shop will not be accepted without a receipt.

 **SBS 509292106\_Little Chopsticks\_Receipt\_4012730049.jpg**

Please obtain, scan and attach the first page of a menu.

 **SBS 509292106\_Little Chopsticks\_Menu\_4012730049.jpg**

Your assignment requires that you take a digital photograph of the storefront with its signboard. Please attach the photo to the shop or attach it to an email and send it to your Client Services Manager.

 **SBS 509292106\_Little Chopsticks\_Photo\_4012730049.jpg**

Please print your name, date, name of location and time of visit on each item. Please write legibly. Thank you!

1.	Choose the term that best describes the area in which this restaurant is located:	Metropolitan Suburban
2.	Choose the term that best describes the type of restaurant:	General full-service
3.	What is the seating capacity of this restaurant?	120
4.	What cuisine types are served in this restaurant (choose all that apply)?	American Chinese, Szechuan/Hunan
5.	What is the customer base of this restaurant?	Mainstream American
	If you answered "Other," please specify:	
	N/A	
6.	Does the owner of this restaurant also own other Chinese restaurants?	No
7.	How long has this restaurant been in business?	1 to 5 years
8.	Has this restaurant changed ownership within the last year?	No
	If additional comments or explanation are needed for any of your answers in this section, please provide them here:	
	<i>I was told the restaurant had been owned and operated by the same owner for about two years.</i>	

## SHOPPER PROFILE

This section contains general information about the shopper.

### SP

1.	Are you the owner, manager or an employee of a Chinese restaurant?	No
2.	Do you have a friend or relative who is the owner or manager of a Chinese restaurant?	No
3.	Do you consider yourself a Chinese food enthusiast?	Yes

### D & A 90.00% (18 of 20)

1.	EXTERIOR AREAS: Was the exterior of the restaurant appealing and well maintained?	8	8/10
2.	INTERIOR AREAS: Was the interior of the restaurant appealing and well maintained?	10	10/10

Please explain your answers to the questions in this section:

*The parking lot and landscaping were well maintained and free of trash and debris. The storefront sign appeared to be falling over, and there were safety cones and tape set up around it. The dining area was clean and tidy.*

## CLEANLINESS & SANITATION

This section assesses the restaurant's observance of sanitation standards.

### C & S 100.00% (40 of 40)

1.	DINING AREA: Was the dining area clean and inviting?	10	10/10
2.	TABLE: Were the plates, utensils, condiment containers and linens clean?	10	10/10
3.	RESTROOMS: Were the restrooms clean and stocked with adequate supplies?	10	10/10
4.	HEALTH DEPT: Was a Health Department Inspection Certificate posted in clear view?	Yes	10/10
5.	STAFF: Did staff members dress neatly and practice good hygiene?	10	10/10

Please explain your answers to all questions in this section:

*The dining room carpets and walls were clean and free of dirt. The booths were tidy and in good condition. The tabletops were acrylic and also free of scratches and damage. The utensils, condiments and napkins present at my table were clean. All of the food was served on spotless, attractive plates. The restroom was orderly and free of unpleasant odors. Soap, toilet paper and paper towels were available. The Health Department Inspection certificate was posted behind the register counter, and visible staff members were neatly dressed and well groomed. My server was observed washing her hands several times during my visit.*

## SERVICE

This section assesses the level of service you received from the staff at this restaurant.

**SVC****96.67% (29 of 30)**

Server/Order Taker's Name:

Unknown

- |    |  |    |       |
|----|--|----|-------|
| 1. | DEMEANOR: Were staff members courteous and friendly?                                   | 9  | 9/10  |
| 2. | CUSTOMER SATISFACTION: Did staff members deliver good customer service?                | 10 | 10/10 |
| 3. | EFFICIENCY: Were staff members efficient when taking orders and delivering food items? | 10 | 10/10 |

Please explain your answers to all questions in this section:

*I was greeted by a male server as I entered the restaurant. He made eye contact and said, "Hello." I asked for a table for one, and he politely escorted me to a table. My server was professionally dressed in a white shirt and black pants. She made eye contact and pleasantly greeted me, but she did not smile. My order was taken efficiently, and each part of my meal was delivered to my table in a reasonable amount of time. Both the male server and my server followed-up with me to see if I needed anything else and to fill my water glass. Both were courteous and professional.*

**FOOD**

This section assesses the variety, presentation and taste of the food you ordered.

**FD****100.00% (42 of 42)**

- |    |  |                       |       |
|----|--|-----------------------|-------|
| 1. | VARIETY: Was a good variety of food items available at this restaurant?          | 10                    | 10/10 |
| 2. | PRESENTATION: Please list and rate the appearance of the food items you ordered: |                       |       |
|    | A. List food item #1:  | Hot and Sour Soup     |       |
|    | Rate appearance of food item #1:   | 4                     | 4/4   |
|    | B. List food item #2:  | Spring Rolls          |       |
|    | Rate appearance of food item #2:   | 4                     | 4/4   |
|    | C. List food item #3:  | Pork Fried Rice       |       |
|    | Rate appearance of food item #3:   | 4                     | 4/4   |
|    | D. List food item #4:  | Crispy Wonton Noodles |       |
|    | Rate appearance of food item #4:   | 4                     | 4/4   |
| 3. | TASTE: Please list and rate the taste/flavor of the food items you ordered:      |                       |       |
|    | A. List food item #1:  | Hot and Sour Soup     |       |
|    | Rate taste/flavor of food item #1:   | 4                     | 4/4   |
|    | B. List food item #2:  | Spring Rolls          |       |
|    | Rate taste/flavor of food item #2:   | 4                     | 4/4   |
|    | C. List food item #3:  | Pork Fried Rice       |       |
|    | Rate taste/flavor of food item #3:   | 4                     | 4/4   |
|    | D. List food item #4:  | Crispy Wonton Noodles |       |
|    | Rate taste/flavor of food item #4:   | 4                     | 4/4   |

Please explain your answers to all questions in this section:

*The Hot and Sour Soup was served first and looked appealing. The chunks of Tofu were much larger than I was used to, but they were firm and tasty. The soup was served at the proper temperature and tasted delicious. The Spring Rolls were served next and were hot. They were golden brown and not greasy. The Spring Rolls tasted fantastic with crunchy carrots and cabbage. The Pork Fried Rice was served last and was presented neatly on the plate. It was arranged in a nearly perfect circle and piled high to look like a piece of art. The different colors of carrots, peas and pork looked appealing, and it tasted great. I thought the appearance and taste of each dish was perfect. I was served Crispy Wonton Noodles with my soup and found them to be light and tasty. I ate them throughout my lunch.*

**THE BOTTOM LINE**

The Bottom Line is a qualitative category, which sums up the diner's experience.

**BL****100.00% (10 of 10)**

- |    |   |           |       |
|----|---|-----------|-------|
| 1. | Choose one word to describe your experience at this location:                 | Fulfilled |       |
| 2. | How likely are you to recommend this restaurant to a friend or family member? | 10        | 10/10 |

Why?

*The food was outstanding but most of all, the environment was clean. The dining room was well maintained and looked new.*

3. What, if anything, would have made this experience better?

*A little more lighting would have been nice but did not detract from the visit.*

## GENERAL OBSERVATIONS

This section contains questions designed to show distinctions among restaurants competing in the same category.

### GO

3 of 10

- |    |   |       |     |
|----|---|-------|-----|
| 1. | Did you see a "specialty dish" section on the menu?   | No    | 0/1 |
| 2. | Did the restaurant offer a specialty drink/beverage/wine?   | No    | 0/1 |
|    | If YES, please choose the specialty drink/beverage/wine offered:  | N/A   |     |
|    | If you answered "Other," please specify:  | N/A   |     |
| 3. | Rate the level of innovation and creativity in terms of restaurant concept/décor.   | 10    |     |
| 4. | Rate the extent to which you felt the quality of this restaurant's menu offerings were a good value in comparison to the cost.  | 10    |     |
| 5. | Rate the timeliness of the service.   | 10    |     |
|    | How long did it take from the time you placed your order until you received it?   | 02:40 |     |
| 6. | Did this restaurant claim to use little or no MSG?  | No    | 0/1 |
| 7. | Did this restaurant attempt to accommodate customers' special dietary needs (i.e., offer brown rice, provide low sodium soy sauce on table top, offer items containing reduced calories, fat, carbohydrates, sodium, etc.)? | Yes   | 1/1 |
| 8. | Did you notice any awards or media coverage posted at this restaurant?  | Yes   | 1/1 |
| 9. | Did this restaurant demonstrate that they used eco-friendly products and made an effort to save energy in any of the following ways?  |       |     |
|    | A. Provided food take-out packaging made of biodegradable materials.  | No    | 0/1 |
|    | B. Used energy-saving light bulbs.  | No    | 0/1 |
|    | C. Claimed to use local produce or organic produce.   | No    | 0/1 |
|    | D. Gave guests an option of different portion sizes to minimize food waste.   | No    | 0/1 |

## Additional Comments and Narrative

We have only asked specific service-oriented questions on this visit. If you have any additional information concerning this visit, you may tell us below. It can be on anything the client/partner would want to know to assist them in maintaining the best service in the industry.

N/A