

Restaurant Mystery Shopper Evaluation Checklist

Quality Control

DATE ____/____/____	RESTAURANT	MEAL PERIOD	EVALUATOR	SERVER NAME
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EXTERIOR & ARRIVAL

	5	4	3	2	1		5	4	3	2	1
Exterior clean and inviting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seated promptly or wait time communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entrance welcoming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Table clean and properly set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greeted within 30 seconds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

ORDERING & SERVICE

	5	4	3	2	1	
Menu presented and specials mentioned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Drink order taken promptly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Server knowledge of menu and ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Allergen query handled correctly	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
	5	4	3	2	1	
Recommendation offered naturally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Order repeated back for accuracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

FOOD & DRINK QUALITY

	5	4	3	2	1		5	4	3	2	1
Starter quality and presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Portions appropriate for price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Main course quality and presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drinks quality and presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food served at correct temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water refilled without asking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TIMING & ATTENTIVENESS

Time from order to starter _____

Time from starter cleared to main _____

Check-back after main course delivered Yes No

Plates cleared at appropriate time 5 4 3 2 1

Dessert or coffee offered Yes No

Server attentive but not hovering 5 4 3 2 1

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BILL & DEPARTURE

	5	4	3	2	1		5	4	3	2	1
Bill presented without long wait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thanked and farewell on leaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bill accurate — matches what was ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Overall value for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment processed smoothly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Would return	<input type="checkbox"/> Definitely <input type="checkbox"/> Probably <input type="checkbox"/> Unlikely <input type="checkbox"/> No										

OBSERVATIONS

Positive highlights

Issues or disappointments

Staff who excelled

Evaluator signature

Notes

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