City of Kent Health Department - Food Service Customer Satisfaction Survey

This form can be completed online via our website: www.kentpublichealth.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 City of Kent Health Department's Sanitarian (food insO YesO No	pector)?				
 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 City of Kent Health Department eastO YesO No	y to unders	stand?			
5. Do you like to see the Food Service Inspections posted online?O YesO NoIf you answered No, why?:					
Please rate each item in the categories belo					
riease rate each item in the categories beio	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 satisfact the Environmental Health Food Service Program at the City of Kent Health Department:	tion with th	he service.	s(s) provide	ed through	
Thank you for taking a moment to complete this survey. Your feedbac Contact Information (Optional)	k is importa	int to us.			
Your Facility Name:					
Person(s) filling out this Survey:					
Phone:					
Fax:					
Email:					