

## Evaluasi Pelayanan Catering Kantin Karyawan PT Indofarma Tbk

No. : FUM07

Revisi : 00

Berlaku 5 1 1 1 0

 Paraf : 

| NO                                                                                  | URAIAN                       | ..... CATERING<br>PELAYANAN TGL. 1 s/d 15 |                          |                          | ..... CATERING<br>PELAYANAN TGL. 16 s/d 30 |                          |                          |
|-------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------|--------------------------|--------------------------------------------|--------------------------|--------------------------|
|                                                                                     |                              | BAIK                                      | CUKUP                    | KURANG                   | BAIK                                       | CUKUP                    | KURANG                   |
| I                                                                                   | <b>KRITERIA PENILAIAN</b>    |                                           |                          |                          |                                            |                          |                          |
|                                                                                     | 1. RASA                      | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                     | 2. MUTU/KESEGARAN BAHAN BAKU | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                     | 3. PENAMPILAN/PENYAJIAN      | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                     | 4. UKURAN/POTONGAN LAUK      | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                     | 5. KESERASIAN MENU           | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                     | 6. PELAYANAN                 | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                     | 7. KESESUAIAN DENGAN HARGA   | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |
| II                                                                                  | <b>USULAN &amp; SARAN</b>    |                                           |                          |                          |                                            |                          |                          |
|                                                                                     |                              |                                           |                          |                          |                                            |                          |                          |
|                                                                                     |                              |                                           |                          |                          |                                            |                          |                          |
|                                                                                     |                              |                                           |                          |                          |                                            |                          |                          |
| <b>KET :</b><br>Beritanda silang (X) pada kotak yang tersedia sesuai penilaian anda |                              |                                           |                          |                          |                                            |                          |                          |