



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Required Signatures: **Adobe Signature**

Park: _____ Concessionaire: _____

Fiscal Year: ____/____ Quarter: JAS OND JFM AMJ

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Prev. Yr. Expenses	Current Yr. Expenses
A.							
Subtotal							
B.							
Subtotal							
C.							
Subtotal							
D.							
Subtotal							
E.							
Subtotal							
TOTAL GROSS SALES							



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Comments required for change in gross sales:

PLEASE ATTACH QUARTERLY SALES TAX RETURN & INCOME STATEMENT FOR THE QUARTER.



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2. ACCOUNTING

		Yes	No	N/A
A	Books of original entry are maintained daily and kept on file for audit purposes (3 years minimum).			
B	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).			
C	Inventories are conducted on a schedule acceptable to Park Manager's standards.			
D	All invoices and checks are kept on file.			
E	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.			
F	Refunds are substantiated with a customer signed document using rubber stamp and ledger.			
G	Adequate point of sale controls are used.			
H	Sales personnel with access over cash are adequately supervised.			
I	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.			
J	Personnel with access over cash do not clear cash register.			
K	All sales are rung up on cash register.			
L	Cash register has visual display facing customer and showing total sales transaction.			
M	Cash register has dual tape system.			
N	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers to request a receipt.			
O	Cash register drawers are closed after each transaction.			
P	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.			



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Comments required for all NO responses:

3. REPORTING/DOCUMENTATION

A.

		Yes	No	Expire	Amount
1	General Liability Insurance (Department and Trustees named as additional insured)				
2	Automobile Insurance (Department and Trustees named as additional insured)				
3	Workers' Compensation				
4	Other as needed				
5	Sexual Offender Check completed with copies of completed files for all personnel.				

B. List the type of security, expiration date and amount.



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C.

	Yes	No	Expire	Amount
PCI Compliance Self-Assessment is complete, current and on file.				N/A

D.

	Yes	No	Expire	Amount
Permits and licenses are current				N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A

E.

	Yes	No	N/A
Payments are submitted accurately and on time.			

F.

	Yes	No	N/A
Reports are submitted accurately and on time.			
1. Limited Engagement Documents are submitted by required deadline.			
2. Profit & Loss Statements are submitted by required deadline.			
3. Monthly Gross Sales Reports are submitted by required deadline.			



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Comments required for all NO responses:

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

4. HEALTH/SAFETY

		Yes	No	N/A
A	Employees follow basic personal hygiene practices.			
B	Food storage areas and refrigeration units are maintained in clean condition.			
C	Food contact surfaces are properly maintained and cleaned.			
D	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).			
E	Cleaning/chemical supplies stored separately from food.			
F	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.			
G	Leftovers are disposed of properly.			
H	Food is stored properly and in appropriate containers.			
I	Corrected all deficiencies noted in most recent health inspection.			

Comments required for all NO responses:



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5. ADA/SAFETY

		Yes	No	N/A
A	Concessionaire is located on safe and accessible route.			
B	Accessibility and inclusion policy available to everyone. Employees are knowledgeable on accommodating disabled visitors.			
C	First aid kit is available and maintained. Suggested, but not required for boating operations to have AED. AED available? Yes No			
D	Operations are equipped with EECs.			
E	Facility is free of public safety hazards.			
F	Provide the name of their A & I Liaison.			
G	Accessibility and inclusion policy is made available. Location of Posting:			
H	Provided accessibility information in written publications such as website and brochures.			
I	Concessionaire has provided a Safety Plan to the Park Manager.			

Comments required for all NO responses:



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6. OPERATIONS

		Yes	No	N/A
A	Concessionaire provides the services outlined in the terms of the Agreement.			
B	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.)			
C	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.			
D	Rate/Fee/Menu boards are properly maintained and prices are current.			
E	Prices are fair and comparable with others in area, confirmed by Park Manager.			
F	Merchandise is price marked.			
G	All signage is appropriate, maintained and approved by Park Manager.			
H	Sales area is neat, organized and clean.			
I	Interpretive tour scripts are approved by Park Manager.			
J	Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately.			
K	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.			
L	Concessionaire offers alternative menu items such as vegetarian and gluten-free.			
M	Corrects all deficiencies noted by Agreement Manager.			
N	Concessionaire is open to suggestions for improving service to visitors.			



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7. STAFF

		Yes	No	N/A
A	Employees are identified by either uniform or name badge, and personal appearance standards and uniforms are in compliance with the terms of the Agreement.			
B	Employees are knowledgeable about the Park.			
C	Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.			
D	Sufficient number of employees to service visitors.			
E	Number of employees.	N/A	N/A	N/A

Comments required for all NO responses:

8. SPACE & EQUIPMENT

		Yes	No	N/A
A	Equipment maintenance is in compliance with terms of Agreement.			
B	Building maintenance is in compliance with terms of Agreement.			
C	Grounds maintenance is in compliance with terms of Agreement.			

Comments required for all NO responses:



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9. CAPITAL IMPROVEMENTS

		Yes	No	N/A
A	Schedule of Capital Improvements is maintained.			
B	Capital Improvements are performed in accordance with the terms of the Agreement.			
C	Any deviations from negotiated Capital Improvements are well documented and approved by the Department. Please attach documentation.			
D	Capital Improvements are satisfactorily completed by scheduled deadline.			

Comments required for all NO responses:

10. CURRENT CONTACT INFO

Phone:

Fax:

Email Address:

Mailing Address:



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11. GENERAL COMMENTS

What plans are going well, and what could be improved?

Concessionaire Signature

Agreement Manager Signature

Date

Date

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire