



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?

Concession operation is well managed and well maintained. Plans to increase sales at food and retail location are being discussed with park management. Plans include possible addition of a beer garden.

A handwritten signature in black ink, appearing to be "D. T. W.", written over a horizontal line.

Concessionaire Signature

A handwritten signature in black ink, appearing to be "Robert L. Smith", written over a horizontal line.

Agreement Manager Signature

Date 9-30-16

Date 9/30/16

Distribution:

Email to Operational Services
Email to District
Email to Concessionaire