

MARINE DEALERSHIP CERTIFICATION QUARTERLY MANAGEMENT REVIEW

Dealership Name: _____

Completed by: _____ Sales Service Parts Marina Office Other: _____

Date completed: _____ 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

CUSTOMER SATISFACTION SCORES

Is there a C.S.I. program in place <u>for Sales</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you track and trend your C.S.I. Sales program results?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a C.S.I. program in place <u>for Service</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you track and trend your C.S.I. Service results?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do C.S.I. results measure your ability to take care of customer needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the Marine Industry Consumer Bill of Rights posted in a consumer-visible area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do employees follow the principles in the Marine Industry Consumer Bill of Rights when dealing with customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Improvement Opportunity: _____

EMPLOYEE

Do you have a job description for each position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have annual employee performance evaluations been completed for all employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all employees easily identifiable and professional in appearance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the annual Employee Satisfaction Survey been completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the annual Employee Satisfaction Survey results been shared with employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Improvement Opportunity: _____

TRAINING

Are Technicians trained on all products serviced by the dealership?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you maintain factory certification records?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have owners/managers attended at least 3 days of management training this year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has job training been provided to every employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you maintain annual training history?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have sales and service employees completed their annual product training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Improvement Opportunity: _____

FACILITY

Has the Facility Check Sheet been completed this quarter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Based on the completed Facility Check Sheet, are there any facility improvement actions required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Improvement Opportunity: _____

MARINE DEALERSHIP CERTIFICATION

QUARTERLY MANAGEMENT REVIEW (CONTINUED)

SALES PROCESS		
Do you have adequate inventory to support customer requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do salespeople approach selling in an organized and professional manner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are customers greeted promptly and courteously?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the needs and concerns of customers addressed in an honest, professional and non-manipulative manner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do customers receive a thorough product orientation of every boat/motor purchased, including on-the-water demonstration (where practical)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you complete a Delivery Check Sheet for each sale?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is every boat prepared and inspected according to manufacturer's guidelines before delivery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does every customer receive an explanation of manuals, warranties, and instructions for safe operation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your sales process mapped and modified as needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Improvement Opportunity: _____		

SERVICE PROCESS		
Is the dealership the principle provider of service including selectively arranging for technical or remote assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do technicians have timely access to parts, special tools, test equipment and service information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have sufficient factory-trained technicians to meet customer needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your work process include:		
- Process to finish on time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Process to report repair progress?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Work quotations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Quality assurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are your parts and service processes mapped and modified as needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you maintain a Comeback Log and make process improvements as needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Improvement Opportunity: _____		

FOLLOW-UP PROCESS		
Do you conduct 100% customer follow-up within seven days for <u>Sales</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you conduct 100% customer follow-up within seven days for <u>Service</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your follow-up script contain at least one open-ended question?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you track and trend and make process improvements as needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Improvement Opportunity: _____		

Dealer Signature

Dealer Signature

Date

Date