



SKUFOOD Checklist: Store Visits

Store Name: _____ Location: _____

Date of Visit: _____ Time of Visit: _____

Overall Positioning:

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Observations: Fresh Departments

Quality	
Pricing	
Service	
Offering	
Merchandising	
Promotions / Programs	
Control Label	

Observations: Grocery/Dairy/Frozen

Quality	
Pricing	
Service	
Offering	
Merchandising	
Promotions / Programs	
Control Label	



SKUFOOD Checklist: Store Visits

Store Name: _____ Location: _____

Date of Visit: _____

Observations: Your Category

Quality	
Pricing	
Service	
Offering	
Merchandising	
Promotions / Programs	
Control Label	
New Items/Line Extensions	
Opportunities For You	

Observations: Your Own Products

Quality	
Pricing	
Execution of Promotion	
Off Shelf Displays	
Opportunities/Follow Up	

Programs you should be participating in:

Employees you talked to/observations:
