

THE NEW FLAT RATE



RIDE ALONG CHECKLIST

TNFR Tech Support: 762.201.9076

TheNewFlatRate.com

RULES OF THE ROAD

Ride Along Outline

1. Whoever speaks **First** owns the call!
 - a. Decide ahead of time who will be presenting before leaving the truck.
 - b. Do not tag team the customer!

2. **Review** the script.
 - a. Read and review the script BEFORE presenting.
 - b. Read and review the script AFTER presenting.

3. Be the **Helper**.
 - a. If you are not presenting, simply help out with tools, etc.
 - b. Do not communicate with the customer unless asked or addressed by the customer.

4. **Debrief** after every call. Use “Ride Along Debriefing”.
 - a. The presenter needs to be his own critic.
 - b. How did it go?
 - c. What was missed?
 - d. Ask for feedback.

RIDE ALONG DEBRIEFING

Technician Name: _____ Medals Sold: _____

Task ID's: _____ \$\$: _____

1. Did the customer pick an option? Y / N
2. Collected payment? Y / N
3. Was the job completed same day? Y / N
4. Are you proud of the work you did? Y / N
5. Would you do it any differently? (With option selected) Y / N
6. Did the customer get their money's worth? Y / N
7. Did we schedule a project manager for an estimate? Y / N

Presentation Notes:

8. How did the call go over all? **Very Bad / Bad / OK / Good / Great**

Notes: _____

9. Which script was used? **Very Bad / Bad / OK / Good / Great**

Notes: _____

10. How was the script presentation? **Very Bad / Bad / OK / Good / Great**

Notes: _____

11. Did we read over the whole script, all steps? Y / N

12. Did we miss anything? Y / N

13. This is what was missed:

Notes: _____

14. What could have gone different if the script was flawless?

Notes: _____

15. What could we do next time for a better outcome?

Notes: _____

16. What was your WOW factor?

Notes: _____

17. Did you tell the customer about it? Y / N

18. Was a Service Agreement offered? Y / N

19. Did we set them up for spring inspection? Y / N

Trainer: _____ Date: _____

WEEKLY REVIEW

TECH:		
MEDAL	COUNT	AMOUNT
PLATINUM		\$
GOLD		\$
SILVER		\$
BRONZE		\$
BANDAID		\$
DIAGNOSTIC		\$
TOTAL		\$

TECH:		
MEDAL	COUNT	AMOUNT
PLATINUM		\$
GOLD		\$
SILVER		\$
BRONZE		\$
BANDAID		\$
DIAGNOSTIC		\$
TOTAL		\$

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TECH:		
MEDAL	COUNT	AMOUNT
PLATINUM		\$
GOLD		\$
SILVER		\$
BRONZE		\$
BANDAID		\$
DIAGNOSTIC		\$
TOTAL		\$

Total Sales in This Book = \$ _____

Divide by Total Number of Tickets: _____

Average Ticket = \$ _____

Closing Rate (Total Calls Divided by Closed Jobs): _____

Rise % Above Bandaid: _____

RIDE ALONG DEBRIEF CHECKLIST

ONSITE RESULTS FOR REVIEW

AREAS TO IMPROVE

- | | |
|---|--|
| <input type="checkbox"/> Next steps to success outline | <input type="checkbox"/> Tech Q&A session |
| <input type="checkbox"/> Success ladder | <input type="checkbox"/> Join Business Uncensored |
| <input type="checkbox"/> Mimic role play | <input type="checkbox"/> Business coaching through FBU |
| <input type="checkbox"/> Role play customer/technician | <input type="checkbox"/> Home warranty coaching |
| <input type="checkbox"/> Advanced role play simulations | <input type="checkbox"/> CSR training |
| <input type="checkbox"/> Advanced role play kit | <input type="checkbox"/> Fluid dispatch training |
| <input type="checkbox"/> Writing scripts | <input type="checkbox"/> Tech talk times |
| <input type="checkbox"/> Recording technician scripts & role play | <input type="checkbox"/> Technical training |
| <input type="checkbox"/> Ride along (your staff) | <input type="checkbox"/> Inventory requirements |
| <input type="checkbox"/> Virtual implementation access | <input type="checkbox"/> Skillset training |
| <input type="checkbox"/> Live implementation & refresher course | <input type="checkbox"/> Top Ten exercise |
| <input type="checkbox"/> TNFR Ride Along | <input type="checkbox"/> Unpackaging platinum |
| <input type="checkbox"/> Host co-op class | <input type="checkbox"/> Perform platinum (Value & Skillset) |
| <input type="checkbox"/> Tech support | <input type="checkbox"/> Addressing unethical actions (firing) |

30-DAY CONTINUATION PLAN

60-DAY CONTINUATION PLAN

90-DAY CONTINUATION PLAN

REVIEWED AND RECEIVED BY

Trainer _____ Manager _____ Date _____