



STRONGHOLD OPERATIONAL CONSULTING

**Audit Intake Form
STRONGHOLD PRELIMINARY ASSESSMENT**

CLIENT INFORMATION

Business Name:

Country:

Primary Contact Name:

Email Address:

Phone Number:

Section 1 – Business Overview

Type of Operation:

Team Size:

Management Layer(s):

Year Established:

Section 2 – Owner Role & Workload

Owner's Current Role in Daily Operations:

Weekly Opening Schedule (Days / Hours):

Impact of a 3-Day Owner Absence:

Section 3 – Operational Structure

Opening / Closing Systems in Place:

Defined Workflows and Operating Procedures:

Level of Owner Dependency:

Section 4 – Key Pain Points & Objectives

Top 3 Recurring Operational Issues:

Primary 90-Day Objective:

Definition of Success (From the Owner's Perspective):

Stronghold Signature Question:

I have reviewed the privacy policy: