



Contractor Evaluation Form

Please email to terocompliance@tulaliptribes-nsn.gov

Contractor's Name: _____

Project Name: _____

Project Description _____

Evaluator: _____ Phone Number _____

Date Submitted: _____

Period of Evaluation: From: _____ To: _____

Project End Date: _____

1. Quality of Workmanship

Rate the quality of this contractor's workmanship. Were there quality-related or workmanship problems on the contract? Was the contractor responsive to remedial work required? Did this contractor respond to deficiencies?

If so or if not, provide specific examples.

___ Unacceptable	___ Poor	___ Satisfactory	___ Very Good	___ Excellent
1	2	3	4	5

Comments:

2. Project Management: Scheduling

Rate this contractor's performance with regard to adhering to contract schedules. Did this contractor meet the contract schedule or the schedule as revised by approved change orders? If not, was the delay attributable to this contractor? If so, provide specific examples.

___ Unacceptable	___ Poor	___ Satisfactory	___ Very Good	___ Excellent
1	2	3	4	5

Comments:

3. Safety and Housekeeping Procedures

Rate this contractor's safety and housekeeping procedures on this project. Were there any OSHA violations or serious safety accidents? Did contractor maintain clean site? If so, provide specific examples.

___Unacceptable ___Poor ___Satisfactory ___Very Good ___Excellent
1 2 3 4 5

Comments:

4. Change Orders

Did this contractor unreasonably claim change orders or extras? Were this contractor's prices on change orders and extras reasonable? If not, provide specific examples.

___Unacceptable ___Poor ___Satisfactory ___Very Good ___Excellent
1 2 3 4 5

Comments:

5. Working Relationships

Rate this contractor's working relationships with Governmental staff, other parties or agencies. Did this contractor relate to other parties in a professional manner? Did this contractor respond to complaints?

If not, give specific examples.

___Unacceptable ___Poor ___Satisfactory ___Very Good ___Excellent
1 2 3 4 5

Comments:

6. On-Site Supervisory Personnel

Rate the general performance of this contractor’s on-site supervisory personnel. Did the superintendent(s) have the knowledge, management skills and experience to run a project of this size and scope? If not, provide specific examples.

___Unacceptable ___Poor ___Satisfactory ___Very Good ___Excellent
 1 2 3 4 5

Comments:

7. Paperwork Processing

Rate this contractor’s performance in completing and submitting required project paperwork (i.e. change orders, submittals, drawings, requisitions, payrolls, workforce reports, etc.) Did the contractor submit the required paperwork promptly and in proper form? If not, provide specific examples.

___Unacceptable ___Poor ___Satisfactory ___Very Good ___Excellent
 1 2 3 4 5

Comments:

RATE CONTRACTOR’S OVERALL PERFORMANCE ON A SCALE OF 1 TO 5

1. Overall Evaluation

Unacceptable 1 2 3 4 5 Excellent

NOTE (1): (1) – unacceptable; (2)- poor; (3) – Satisfactory; (4) – Very Good; (5) - Excellent

NOTE: Any score of three (3) or less must be described in detail below as to what action was taken to remedy the contractor’s poor performance and what steps the contractor took to correct the deficiency cited.

2. Future contracts?

Yes

Why: _____

No

Explain:

3. Comments: _____

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Evaluator's Signature: _____

Director's Signature: _____

Date: _____