

**Contractor Performance Evaluation Report****SECTION I****CONTRACTOR DATA**

CONTRACTOR'S BUSINESS NAME:
SUPERINTENDENT'S NAME:
SPECIFIC WORK PERFORMED BY CONTRACTOR:

**SECTION II****PROJECT DATA**

PROJECT NAME:	
PROJECT NUMBER:	
SCHEDULED SUBSTANTIAL COMPLETION DATE:	ACTUAL SUBSTANTIAL COMPLETION DATE:
CONTRACT AWARD AMOUNT:	CONTRACT COMPLETION AMOUNT:

**SECTION III****PERFORMANCE DATA**

NO.	PERFORMANCE CATEGORY	RATING (check one)					
To the best of your knowledge, rate each of the criteria below on a scale of 1 to 5: 1=Inadequate; 2=Deficient; 3=Standard; 4=Good; 5=Superior If you have insufficient knowledge of performance on this project for a particular criterion, circle "No Evaluation".							
1	<b>SAFETY PROGRAM DEVELOPMENT</b>	No Evaluation	1	2	3	4	5
	Contractor's actions in creating a safe job site and meeting safety responsibilities of the Contract; timeliness and completeness of required safety submittals; quality of company safety program including structure, training, protective equipment, accident prevention and loss program, safety meetings; company support of and involvement with on site competent person; company communication of clear expectations to employees and subcontractors.						
	<u>Supporting Comments:</u>						
2	<b>SAFETY PROGRAM MANAGEMENT</b>	No Evaluation	1	2	3	4	5
	Contractor's actions in maintaining a safe job site and meeting safety requirements of the Contract; application and administration of the company safety program and the site specific safety plan by superintendent and competent individual; Contractor's ability to control and manage subcontractor safety; sufficiency of site specific safety plans to address specific hazards on the Project; quality and thoroughness of site implementation of job hazard analysis and task planning at the foreman level; Contractor's record in reporting injuries, incidents, and accidents; consistency and quality of Contracting updating the plan as site conditions and hazards change; Contractor's record in conducting and participating in effective safety walkthroughs with Owner						
	<u>Supporting Comments:</u>						

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<b>3</b>	<b>START UP SUBMITTALS</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Timeliness, completeness, and quality of required contract start-up submittals including Statement of Intent to Pay Prevailing Wages, Schedule of Values, preliminary and master Construction Progress Schedule.						
	<u>Supporting Comments:</u>						
<b>4</b>	<b>QUALITY</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Quality of Contractor's workmanship, construction, fabrication, materials, and equipment.						
	<u>Supporting Comments:</u>						
<b>5</b>	<b>COST CONTROL</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Contractor's efficient use of resources, accurate billing, Change Order management; pricing accuracy and support documentation; Field Orders originally negotiated or proposed cost compared to actual cost:						
	<u>Supporting Comments:</u>						
<b>6</b>	<b>TIMELINESS OF PERFORMANCE</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Contractor's timely execution of the Project including establishment of realistic preliminary Construction Progress Schedule; timely project start-up; adherence to established schedule and number of days allowed; identification of potential delays and measures taken to mitigate delays; timeliness of deliverables; timely contract administration.						
	<u>Supporting Comments:</u>						
<b>7</b>	<b>APPLICATION OF REQUIREMENTS</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Contractor's knowledge of contractual and other requirements, and implementation in meeting such requirements:						
	<u>Supporting Comments:</u>						
<b>8</b>	<b>LEADERSHIP</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Performance and competency of the Contractor's superintendent to actively lead, foresee issues, plan ahead effectively, and provide guidance and direction.						
	<u>Supporting Comments:</u>						

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<b>9</b>	<b>PLANNING</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Contractor's demonstrated ability to develop a comprehensive project plan, and adjust the plan to changes in project needs:						
	<u>Supporting Comments:</u>						
<b>10</b>	<b>STAFFING</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Adequacy and qualifications of Contractor's staff and subcontractors to meet project management and technical needs of the Project; availability, continuity, and performance of key personnel; ability to provide needed staffing during peak activity periods or unplanned circumstances.						
	<u>Supporting Comments:</u>						
<b>11</b>	<b>COMMUNICATIONS</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Clarity and effectiveness of Contractor's communication with Owner and subcontractors on technical issues, schedule, cost, routine matters, and on problems; CQC daily reporting; demonstrated businesslike correspondence.						
	<u>Supporting Comments:</u>						
<b>12</b>	<b>TEAMWORK, COOPERATION, and BUSINESS RELATIONS</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Contractor's cooperation and coordination with Owner, subcontractors, review team; Contractor's timely and cooperative response to instructions, communications, scope changes, special requests; pro-active flexibility, and demonstrated ability to address and resolve problems; effective Contractor-recommended solutions, willingness to put in necessary effort to get tasks completed.						
	<u>Supporting Comments:</u>						
<b>13</b>	<b>SUBSTANTIAL COMPLETION and CLOSEOUT</b>	No Evaluation <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Timeliness and quality of providing deliverables such as record As-Built drawing and Operation & Maintenance manuals; Owner training session and Project turnover; Punch list management and completion; Change Order closeout and acceptance.						
	<u>Supporting Comments:</u>						

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<b>14</b>	<b>APPRENTICESHIP REQUIREMENTS</b>	No Evaluation	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	For projects estimated at \$1M or more, Contractor's demonstrated ability to meet the apprenticeship utilization requirements and adjust to changes in project needs.						
	<u>Supporting Comments:</u>						
<b>15</b>	<b>BUSINESS EQUITY</b>	No Evaluation	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor's demonstrated commitment to engage the participation of small business entities (sbe), disadvantaged businesses entities (dbe) and MWBE to the extent practicable on the project.						
	<u>Supporting Comments:</u>						

### SECTION IV

### SUMMARY OF PERFORMANCE EVALUATION

#### Summary Calculation:

Total Assigned Points \_\_\_\_\_

*divided by*

Total Points Possible  
(Excluding "No Evaluation" elements)

**75**

= Overall Percentage Score **0%**

**Overall Evaluation:** Check the appropriate Overall Evaluation below based on the Overall Percentage Score.

Overall Evaluation:

Overall Percentage Score of:

- |                                     |              |
|-------------------------------------|--------------|
| <input type="checkbox"/> Superior   | 90% or above |
| <input type="checkbox"/> Good       | 70% to 89%   |
| <input type="checkbox"/> Standard   | 50% to 69%   |
| <input type="checkbox"/> Deficient  | 30% to 49%   |
| <input type="checkbox"/> Inadequate | 29% or below |

\_\_\_\_\_  
Owner's Representative – Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor of Owner's  
Representative – Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date