

**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	SAFETY PROGRAM DEVELOPMENT	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	SAFETY PROGRAM MANAGEMENT	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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3	START UP SUBMITTALS	No Evaluation	1	2	3	4	5
	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>						
4	QUALITY	No Evaluation	1	2	3	4	5
	Quality of Contractor's workmanship, construction, fabrication, materials, and equipment.						
	<u>Supporting Comments:</u>						
5	COST CONTROL	No Evaluation	1	2	3	4	5
	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>						
6	TIMELINESS OF PERFORMANCE	No Evaluation	1	2	3	4	5
	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>						
7	APPLICATION OF REQUIREMENTS	No Evaluation	1	2	3	4	5
	Contractor's knowledge of contractual and other requirements, and implementation in meeting such requirements:						
	<u>Supporting Comments:</u>						
8	LEADERSHIP	No Evaluation	1	2	3	4	5
	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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9	PLANNING	No Evaluation	1	2	3	4	5
	Contractor's demonstrated ability to develop a comprehensive project plan, and adjust the plan to changes in project needs:						
	<u>Supporting Comments:</u>						
10	STAFFING	No Evaluation	1	2	3	4	5
	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>						
11	COMMUNICATIONS	No Evaluation	1	2	3	4	5
	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>						
12	TEAMWORK, COOPERATION, and BUSINESS RELATIONS	No Evaluation	1	2	3	4	5
	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>						
13	SUBSTANTIAL COMPLETION and CLOSEOUT	No Evaluation	1	2	3	4	5
	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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14	APPRENTICESHIP REQUIREMENTS	No Evaluation	1	2	3	4	5
	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>						
15	BUSINESS EQUITY	No Evaluation	1	2	3	4	5
	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 _____ = Overall Percentage Score _____
(Excluding "No Evaluation" elements)

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

<u>Overall Evaluation:</u>	<u>Overall Percentage Score of:</u>
<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