

Contractor Performance Evaluation Form

Project Name

Project Number: [Number]

Project Manager: [Name]

Contractor		
Date		
Contract Award Amount	Actual Costs	Contract Award Date
Date of Evaluation	SC/CCC Date	FAC Date

1. Management		Comments	
This is the rating of how the contractor managed its crews or sub contractors	1 – Unacceptable 3 – Average 5 - Above		
2. Quality Control		Comments	
This is the rating of how the contractor managed the quality of workmanship, materials and testing as required by the contract	1 – Unacceptable 3 – Average 5 - Above		
3. Schedule		Comments	
This is the rating of the project completion schedule as compare to the original (or amended) contract date outside of conditions beyond the contractors control	1 – Unacceptable 3 – Average 5 - Above		
4. OH&S/Environment		Comments	
This is the rating of how the contractor's safety program and adherence to OH&S legislation were managed and administered	1 – Unacceptable 3 – Average 5 - Above		
5. Communication		Comments	
This is the rating of the contractor's ability to communicate with all stakeholders in a timely and controlled manner.	1 – Unacceptable 3 – Average 5 - Above		

Date of evaluation meeting with contractor:
General Comments COSA PM:
COSA PM Signature:
Reviewed by COSA PM Supervisor:
General Comments Contractor: <i>Comments must be received in writing within 14 days from the meeting date or the evaluation will be considered accepted.</i>
Contractor Signature: