

Past Performance Questionnaire

TO: Jennifer Callahan, Contracting Officer **AGENCY:** Veterans Affairs, Erie, PA

PHONE: (814) 860-2977

E-MAIL: jennifer.callahan4@va.gov

INFORMATION REQUEST: PAST PERFORMANCE

This office is currently in the process of awarding a competitive service contract. Past Performance information will be used in the Evaluation of Offers.

PAST PERFORMANCE QUESTIONNAIRE

Offeror's Name: _____

Request for Quote: **Lithotripsy Services**

Name of Person Completing the Evaluation:

E-mail:

Title:

Company/Organization:

Please rate the offeror in each of the following areas. Note: There is room for comments if you think it would be helpful in our evaluation.

Not Applicable: N/A

1: Performance clearly below the contract performance standard or requirement

2: Performance occasionally does not meet minimum contract performance standard or requirement

3: Performance that meets the minimum contract performance standard or requirement

4: Performance that meets and occasionally exceeds the contract performance standard or requirement

5: Performance that almost always exceeds the contract performance standard or requirement

1. Overall quality/satisfaction	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
--	-----	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Would you choose to work with this offeror again?

2. Delivery performance	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
--------------------------------	-----	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Was the Offeror responsive to scheduling/rescheduling requests? Were you satisfied with the equipment used by the Contractor?

3. Satisfaction with the quality of service delivered	N/A	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
--	-----	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Were you satisfied with the Contractor's customer service?

4. Have you terminated this contractor for default within the past 3 years, or are there any pending termination actions? Yes ☐ No ☐ If Yes, please explain.

Please attach any past performance reports or material you deem to be appropriate for a full understanding of the Offeror's past performance.