

## PAST PERFORMANCE QUESTIONNAIRE

The following questionnaire is in regards to the referenced contractor who is submitting a quotation to provide Ophthalmic Eyeglass Frames and/or Lenses to VISN 20; Solicitation Numbers VA260-14-Q-0972 and/or VA260-14-Q-0973:

### INSTRUCTIONS:

Please complete the past performance questionnaire document. Please e-mail completed questionnaires to [william.blyth@va.gov](mailto:william.blyth@va.gov).

### Referenced Contractor (contractor you are providing past performance information about):

Name: \_\_\_\_\_

Type of Contract Work Performed by the referenced contractor:

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Complexity of Work Performed:     Difficult \_\_\_\_\_     Routine \_\_\_\_\_

### Name of Company and Point of Contact Providing this Past Performance Information:

Company Name: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Telephone number \_\_\_\_\_

### Performance Elements

How was the Contractor rated in the following areas:

	Outstanding	Satisfactory	Unsatisfactory
a) Quality of Work	_____	_____	_____
b) Timely Performance	_____	_____	_____
c) Effective Management	_____	_____	_____
d) Contract Compliance	_____	_____	_____

## **Performance History**

- 1) Did the Contractor adhere to the contract schedules?

COMMENT:

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- 2) Were any problems experienced in the Contractor's performance? If so, to what extent was the Contractor able to resolve the problems without extensive help from your staff?

COMMENT:

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- 4) How well do you think the Contractor interfaced with your staff?

COMMENT:

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- 5) Based on past experience with this Contractor, would you consider using them again if there was a need? If so, how do you compare them to other Contractors you have used?

COMMENTS:

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- 6) Based on the above information, what is your overall rating of the Contractor?

Outstanding (   )

Satisfactory (   )

Unsatisfactory (   )

COMMENT:

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Printed and signature of person who completed this questionnaire:

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Printed Name

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Signature