

## Solicitation VA261-15-Q-0127 Nursing Facilities Inspections SFVAMC

### Past Performance Survey

OFFEROR INSTRUCTIONS: A separate record must be completed for each Past Performance Information and Survey; Offeror must directly send to the evaluator, requesting they complete and return as indicated on the attached Past Performance Survey, no later than **Monday, 12/22/2015** to [deborah.starr2@va.gov](mailto:deborah.starr2@va.gov). Further, Offeror must include a copy of each requested Past Performance Information page with proposal submission.

Name of Company being evaluated:
Address of Company:
Contract Details (i.e. Contract #/ Delivery or Task Order #, Title, Location, dollar value of contract award, etc.)
Evaluator's Full Name:
Evaluator's Position held or function in relation to project:
Evaluator's Company Name, Address and Phone number:
Evaluator's FAX Number:
Please complete and return to: <a href="mailto:deborah.starr2@va.gov">deborah.starr2@va.gov</a> No Later Than: <b>Monday, 12/22/2015</b>

## Past Performance Survey

Reference Instructions: The Department of Veterans Affairs is considering the Offeror listed above for award of a VA contract. Your comments would be appreciated regarding this firm's past performance. Your comments are considered Source Selection Sensitive; therefore, you are advised that the release of the names of the individuals providing reference information about the Offeror's past performance is sensitive information. Survey should be completed by the evaluator and returned to [deborah.starr2@va.gov](mailto:deborah.starr2@va.gov), no later than the above date, or by FAX to **808-833-5014** using a cover sheet.

Please evaluate the Past Performance using only the following ratings without variation. If the rating is Unacceptable, provide additional information in the appropriate block or in the remarks section of this form.

A = Acceptable = The contractor's performance meets or exceeds contractual requirements. The contractual performance contained some minor problems for which corrective actions taken by the contractor appear or was highly effective, effective, or satisfactory.

U = Unacceptable = Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractor has yet identified corrective actions or the contractor's proposed actions appear only marginally effective or were not fully implemented. The contractual performance contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.

N = Not Applicable

NOTE: **Do not use a color marking pen** to circle the response. **Best to use a ball point pen (Black or Blue) to circle your response.**

Describe exactly what types of Life Safety Code, NFPA Survey Services or similar service(s) were provided to your company?

Length of the Service (Provide dates):

Contract Award Amount: \$

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Rate the following questions if the company provided Life Safety Code, NFPA Survey Services. Provide information/comments in the Remarks Section below.	Circle One		
Q1. To what extent did the contractor comply with contract requirements?	A	U	N
Q2. How timely was the contractor's performance?	A	U	N
Q3. How well did the contractor comply with the labor and safety standards?	A	U	N
Q4. Rate the effectiveness of the contractor's management of the contract?	A	U	N
Q5. Rate the contractor's handling of staff integrity issues.	A	U	N
Q6. Rate the contractor's personnel management practices.	A	U	N
Q7. Quality Control: Rate the overall quality of contractor's work.	A	U	N
T1. To what extent did the contractor meet performance schedule?	A	U	N
T2. What extent was contractor flexible in responding to changing needs?	A	U	N
T3. To what extent was the contractor reliable?	A	U	N
T4. To what extent was the Contractor responsive to technical directions?	A	U	N
T5. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, explain.	Yes No		
C1. Would you award another contract to this contractor? If no, explain.	Yes No		
C2. Was the customer satisfied with the end product? If no, explain.	Yes No		
C3. To what extent did contractor notify you of problems of potential issues?	A	U	N

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**Past Performance Survey – Remarks Section**

Evaluator's Additional Remarks regarding Life Safety Code, NFPA Survey Services

Signature of Evaluator:

Date of Evaluation:

Print Name of Evaluator:

**Please fax or email scanned copy directly to  
[deborah.starr2@va.gov](mailto:deborah.starr2@va.gov) or  
Fax to 808-833-5014**

**Do not return survey to the company you are evaluating.**