

**Attachment 2****RFP-VA248-14-Q-1600  
PAST PERFORMANCE SURVEY**

**REFERENCE INSTRUCTIONS:** Orlando VA Medical Center, Orlando Florida, is considering the Offeror listed above for award of a VA contract. Your comments would be appreciated regarding this firm's past performance. The intent of this form is to evaluate services for Medical Physicist. Your comments are considered Source Selection Sensitive; therefore, you are advised that the Federal Acquisition Regulation prohibits the release of the names of individuals providing reference information about Offeror's past performance. **Survey should be completed by evaluator and returned to the company, or send to Cyrouse Himid Houshyani by e-mail at cyrouse.houshyani@va.gov no later than May 22, 2015 at 2:30 p.m. (EST). Information of company to be evaluated:**

**Company name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information of company's evaluating:**

**Evaluator's name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Information regarding your Contract with the company to be evaluated:**

**Estimated Contract Amount:** \_\_\_\_\_

**Contract Period of Performance:** \_\_\_\_\_

**Type of Services rendered:** \_\_\_\_\_

Please evaluate the past performance using only the following ratings without variation. If the rating is **Marginal** or **Unacceptable**, please provide additional information in the appropriate block or in the remarks section of this form.

**"O" = Outstanding = Performance greatly exceeded the contract requirements**

**"A" = Above Average = Performance exceeded the contract requirements**

**"S" = Satisfactory = Performance met the contract requirements**

**"M" = Marginal = Performance met the minimum contract requirements but some material aspects of the contractor's performance were less than satisfactory**

**"U" = Unacceptable = Performance was poor and/or did not satisfy contract requirements**

**Please rate and provide information/comments for the following:**

**Circle one**

Q1. To what extent did the contractor comply with contract requirements?

O A S M U

Q2. If reports were required, were they accurate in meeting contract requirements?

O A S M U

Q3. To what extent did the contractor use appropriate personnel for contract requirements?

O A S M U

Q4. To what extent did the contractor display technical expertise?	O A S M U
Q5. Quality control:	O A S M U
<b>Please rate and provide information/comments for the following:</b>	<b>Circle one</b>
T1. To what extent was contractor able to meet the performance schedule:	O A S M U
T2. What extent was contractor flexible in responding to changing needs?	O A S M U
T3. To what extent was the contractor reliable?	O A S M U
T4. To what extent was the contractor responsive to technical directions?	O A S M U
T5. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain.	Yes No
C1. Would you award another contract to the party being evaluated? If no, please explain:	Yes No
C2. Was the customer satisfied with the end product? If no, please explain:	Yes No
C3. To what extent did contractor notify you of problems or potential problems?	O A S M U

15. Please describe in detail services provided under your contract, period of performance and total cost:

16. Additional Remarks:

OVERALL RATING TO THIS CONTRACTOR IS \_\_\_\_\_

Signature of Evaluator

Date