

PAST PERFORMANCE QUESTIONNAIRE for PATIENT LIFT ANNUAL MAINTENANCE

REFERENCE: _____

POC: _____

INSTRUCTIONS: For each of the questions below please indicate your response by placing an "X" in the appropriate box using the following ratings: A – Acceptable, U - Unacceptable	A	U
1. In terms of being cooperative, capable and effective in prosecuting the work, how would you rate the contractor's performance?		
REMARKS		
2. How would you rate the contractor's response to your questions?		
REMARKS		
3. How would you rate the staffing level with respect to the technical experience?		
REMARKS		
4. How would you rate the contractor's ability to communicate on issues and/or problems?		
REMARKS		
5. How would you rate the contractor's customer service? To what degree was the contractor customer-oriented and concerned about customer satisfaction?		
REMARKS		
6. How would you rate the contractor's problem solving process? Was there an established problem solving routine?		
REMARKS		
7. How would you rate this contractor overall? Would you use this contractor again?		
REMARKS		