

D.4 ATTACHMENT - Past Performance Survey

PAST PERFORMANCE SURVEY

REFERENCE INSTRUCTIONS: Department of Veterans Affairs Mid-Atlantic Healthcare Network, VISN 6 is considering the Offeror listed below 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 chilled food transportation services. Your comments are considered Source Selection Sensitive; therefore, you are advised that the Federal Acquisition Regulation (15.506) prohibits the release of the names of individuals providing reference information about Offeror's past performance. Survey should be completed by evaluator and returned no later than September 21, 2016 by email to: Cleveland.Wynne@va.gov or fax to (757) 728-3132

Name of Offeror being evaluated:
Contract Number:
Company Name:
Address:
Contact Phone Number:
Facsimile Number:
Please complete and return to above no later than August 29, 2016

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

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

O A S M U

2. If quality controls were required, were they accurate in meeting contract requirements?

O A S M U

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

O A S M U

4. To what extent did the contractor display technical expertise?

O A S M U

5. To what extent was contractor able to meet the performance schedule:

O A S M U

6. What extent was contractor flexible in responding to changing needs?

O A S M U

7. To what extent was the contractor reliable?

O A S M U

8. To what extent was the contractor responsive to technical directions?

O A S M U

9. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain.

Yes No

10. Would you award another contract to the party being evaluated? If no, please explain:	Yes No
12. To what extent did contractor notify you of problems or potential problems?	O A S M U
13. Additional Remarks:	
Signature of Evaluator	Date
Title of Evaluator	