

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, by no later than, **10 March, 2017, at 5:00 PM MST, to joshua.gallegos@va.gov and concesa.hubbard@va.gov**. Further, Offeror must include a copy of each requested Past Performance Information page with proposal submission.

Solicitation Number: VA259-17-R-0100
Name and address of Offeror: _____ _____ _____
Contract Details (i.e. Contract #/ Delivery or Task Order #, Title, Location, etc.) Contract No.: _____ Contractor Name: _____ Date: _____ Title: _____ Location: _____ Type of Facility: _____
Assessor Full Name: _____
Assessor Position held or function in relation to project: _____
Assessor's Company/Organization Name, Address and Phone number: _____ _____ _____
Assessor's email address: _____
Please complete and return to: joshua.gallegos@va.gov and concesa.hubbard@va.gov

Rate the following questions if the company provided Home Oxygen Therapy Services. Provide information/comments in the Remarks Section below.	Circle One
Q1. To what extent did the contractor comply with contract requirements?	O A S M U
Remarks: _____ _____	
Q2. How timely was the contractor's performance?	O A S M U
Remarks: _____ _____	
Q3. How well did the contractor comply with The Joint Commission or similar standards?	O A S M U
Remarks: _____ _____	
Q4. Rate the effectiveness of the contractor's management of the contract?	O A S M U
Remarks: _____ _____	
Q5. Rate the contractor's handling of staff integrity issues.	O A S M U
Remarks: _____ _____	
Q6. Rate the contractor's personnel management practices.	O A S M U
Remarks: _____ _____	
Q7. Quality Control: Rate the overall quality of contractor's work.	O A S M U
Remarks: _____ _____	
Q8. To what extent did the contractor meet performance schedule?	O A S M U
Remarks: _____ _____	
Q9. What extent was contractor flexible in responding to changing needs?	O A S M U
Remarks: _____ _____	
Q10. To what extent was the contractor reliable?	O A S M U
Remarks: _____ _____	

Q11. To what extent was the Contractor responsive to technical directions?		O A S M U
Remarks:		
Q12. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, explain on the following page.		Yes No
Remarks:		
Q13. Would you award another contract to this contractor? If no, explain on the following page.		Yes No
Remarks:		
Q14. Was the customer satisfied with the service provided? If no, explain on the following page.		Yes No
Remarks:		
Q15. To what extent did contractor notify you of problems of potential issues?		O A S M U
Remarks:		
Q16. Did the Contractor perform in a professional manner?		Yes No
Remarks:		
Q17. Did the Contractor demonstrate good customer service skills?		Yes No
Remarks:		
Q18. Did the Contractor require a significant amount of oversight to ensure the service was rendered in accordance with applicable regulations?		Yes No
Remarks:		

