

D.4 Past Performance Questionnaire / Survey (This questionnaire/survey will be deleted from any resulting contract)

Past Performance Questionnaire / Survey for: VISN 9 Teleradiology Physician Services

NOTICE: All completed Past Performance Questionnaires / Survey must be received by the assigned Contracting Officer Not Later Than 4:00 PM (Central Time) on Tuesday, February 23, 2016

OFFEROR'S NAME:

CONTRACT NUMBER:

CONTRACT TYPE:

CONTRACT DOLLAR VALUE:

BRIEF DESCRIPTION OF WORK:

DATE COMPLETED:

RATING(S):

"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.

PAST PERFORMANCE QUESTIONNAIRE / SURVEY QUESTIONS:

Please rate and provide information/comments for the following:

Please Check One

- | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| 1. To what extent did the contractor comply with contract requirements? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 2. If reports were required, were they accurate in meeting contract requirements | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 3. To what extent did the contractor use appropriate personnel for contract requirements? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 4. To what extent did the contractor display technical expertise? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 5. To what extent was contractor able to meet the performance schedule? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 6. What extent was contractor flexible in responding to changing needs? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 7. To what extent was the contractor reliable? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 8. To what extent was the contractor responsive to technical directions? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| 9. To what extent did contractor notify you of problems or potential problems? | <input type="checkbox"/> | O | <input type="checkbox"/> | A | <input type="checkbox"/> | S | <input type="checkbox"/> | M | <input type="checkbox"/> | U |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

TITLE:

COMPANY:

TELEPHONE NUMBER:

EMAIL ADDRESS:

The completed Past Performance Questionnaire/Survey can only be submitted by the company/individual completing the response. Please return your completed Past Performance Questionnaire/Survey to either the mailing address provided below or facsimile at (615) 849-3789 Attention: Healthcare Team – West (VA249-16-R-0027) or email to Christina.Smith7@va.gov:

Mailing address:

DEPARTMENT OF VETERANS AFFAIRS

NETWORK CONTRACTING OFFICE 9 (NCO-9)

Attn.: Healthcare Team – West (VA249-16-R-0027)

1639 Medical Center Parkway, Suite 400

Murfreesboro, TN 37129

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