

PAST PERFORMANCE SURVEY

REFERENCE INSTRUCTIONS: The Memphis VAMC is soliciting 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 contractors providing Radiation Oncology Medical Physics Support Services.

Survey should be completed by evaluator and sent to Sara Vickroy via email at sara.vickroy@va.gov or by Fax to 615-849-3789 no later than 22 December, 2016 at 5:00PM CST.

Information of company to be evaluated:

Company name: _____
 Address: _____

 Phone: _____
 Email: _____

Information of Evaluating Agency

Evaluator's name: _____
 Title: _____
 Agency name: _____

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	O A S M U

requirements?	
Please rate and provide information/comments for the following:	Circle one
Q4. To what extent was contractor able to meet the performance schedule:	<input type="radio"/> O <input type="radio"/> A <input type="radio"/> S <input type="radio"/> M <input type="radio"/> U
Q5. What extent was contractor flexible in responding to changing needs?	<input type="radio"/> O <input type="radio"/> A <input type="radio"/> S <input type="radio"/> M <input type="radio"/> U
Q6. To what extent was the contractor reliable?	<input type="radio"/> O <input type="radio"/> A <input type="radio"/> S <input type="radio"/> M <input type="radio"/> U
Q7. To what extent was the contractor responsive to technical directions?	<input type="radio"/> O <input type="radio"/> A <input type="radio"/> S <input type="radio"/> M <input type="radio"/> U
Q8. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain.	<input type="radio"/> Yes <input type="radio"/> No
Q9. Would you award another contract to the party being evaluated? If no, please explain:	<input type="radio"/> Yes <input type="radio"/> No
Q10. To what extent did contractor notify you of problems or potential problems?	<input type="radio"/> O <input type="radio"/> A <input type="radio"/> S <input type="radio"/> M <input type="radio"/> U

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

12. Additional Remarks:

Signature of Evaluator

Date