

## **PAST PERFORMANCE QUESTIONNAIRE**

Contract Number: \_\_\_\_\_ Award Date: \_\_\_\_\_

Contractor Name \_\_\_\_\_

Type of Contract: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Complexity of Work:      Difficult \_\_\_\_\_      Routine \_\_\_\_\_

Description of Work:

\_\_\_\_\_

\_\_\_\_\_

Name and Telephone Number of Person Contacted (POC)

\_\_\_\_\_

### **Performance Elements**

How was the Contractor rated in the following areas:

	Outstanding	Satisfactory	Unsatisfactory
a) Quality of Work	_____	_____	_____
b) Timely Performance	_____	_____	_____
c) Effective Management	_____	_____	_____
d) Contract Compliance	_____	_____	_____

### **Performance History**

Complete the following information:

1) Did the Contractor adhere to the contract schedules? COMMENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Did the Contractor submit all required reports and documentation in a timely manner? Were they accurate and complete? COMMENT:

\_\_\_\_\_

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\_\_\_\_\_

3) Were any problems experienced in the Contractor's performance? If so, to what extent was the Contractor able to resolve the problems without extensive help from your staff? COMMENT:

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- 4) Were Integrated PROJECT NAME Teams (IPT) or other teaming methods used in your contract? If so, how well do you think the Contractor performed in terms of committing required personnel and resources? Did the IPT or other teaming method perform as expected? COMMENT:

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- 5) How well do you think the Contractor interfaced with your technical staff? COMMENT:

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- 6) Did the Contractor provide effective logistics support (i.e. spare parts, engineering support, technical assistance on-site and off-site, etc.)? COMMENT:

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- 7) Based on past experience with this Contractor, would you consider using them again if there was a need? If so, how do you compare them to other Contractors you have used? COMMENT:

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- 8) Based on the above information, what is your overall rating of the Contractor?

Outstanding ( )

Satisfactory ( )

Unsatisfactory ( )

COMMENT:

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