

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 June 9, 2017

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"/>	

- O A S M U

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ADDITIONAL COMMENTS:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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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