

# D1. ATTACHMENT

## PAST-PERFORMANCE SURVEY

Network Contracting Office (NCO 2) of the James J. Peters VA Medical Center is conducting a past performance evaluation to select a company to provide Legionella Testing at the Hudson Valley VA Medical Center.

It would be very much appreciated if you would assist in evaluating your present or past full service contract for service and maintenance on Geringe Washers and Sterilizers requirement. The information that you provide will be used in the awarding of a federal contract. Therefore, it is important that your information be as factual, accurate and complete as possible to preclude the need for follow-up by the evaluators. Please complete this document and email it directly to **both** Contract Specialists, Josie Tuitt and Safa Shleiwet via email address [josie.tuitt@va.gov](mailto:josie.tuitt@va.gov) and [safa.shleiwet@va.gov](mailto:safa.shleiwet@va.gov) on or before July 7, 2017 at 10:00 AM EST.

NOTE: The email subject should reference: RFQ VA242-17-Q-0701 – Full Service contract for service and maintenance on Geringe Washers and Sterilizers - Source Selection Sensitive Information

Person providing the reference: \_\_\_\_\_

Person providing the reference address, phone and email address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Contractor/Company being evaluated: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Title: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Period of Performance: \_\_\_\_\_

Was this work with a: Federal Government \_\_\_\_ Commercial \_\_\_\_ Local/State Government \_\_\_\_ entity.

The following chart depicts the ratings that are to be used to evaluate the contractor's performance:

LOW RISK (L)	MODERATE RISK (M)	HIGH RISK (H)	UNKNOWN RISK (U)
Little doubt exists, based on the Offeror's performance record that the Offeror can perform the proposed effort.	Some doubt exists, based on the Offeror's performance record, that the Offeror can perform the proposed effort.	Significant doubt exists, based on the Offeror's performance record, that the Offeror can perform the proposed effort.	Little or no relevant performance record identifiable; equates to an unknown risk rating having no positive or negative evaluation significance.

NOTE: UNKNOWN RISK WOULD BE THE EQUIVALENT TO THE CUSTOMER PROVIDING A NOT APPLICABLE (N/A) TO ANY OF THE QUESTIONS.

When responding to the questions listed, circle the letter that most accurately describes the contractor's performance or situation. For any low risk, moderate risk, high risk rating, or unknown risk please provide explanatory narratives in the remarks block. These narratives need not be lengthy, just detailed. If a question is not applicable, type N/A next to remarks. If you circle a Yes/No answer that is marked with an asterisk (\*), please provide a corresponding explanation in the remarks block. If more space is required, use the back of the questionnaire or attach additional pages. Handwritten responses to this questionnaire are acceptable. However, if responses are handwritten, please print legibly.

Instructions: For each question below please indicate your response by circling the appropriate rating by using the following ratings: L – Low Risk; M – Moderate Risk; H – High Risk; or U – Unknown Risk

<b>Please rate and provide information/comments for the following:</b>	<b>Circle one</b>
1. Contractor's successfully provided the same or similar service (Legionella Testing). If not, explain the type of service performed. Remarks:	Yes No*
2. Contractor's provided adequate, competent and qualified management, key personnel and technical personnel capable of meeting contract requirements throughout the performance period of the contract and did comply with specification. Remarks:	L M H U
3. Contractor's ability to meet minimum quality standards specified for performance. Remarks:	L M H U
4. Contractor's ability to effectively control the quality of services provided. Remarks:	L M H U
5. Contractor's ability to meet specific response times and scheduled time frames for completion of specific tasks. Remarks:	L M H U
6. Contractor's responsiveness/timeliness for providing reports/records required by the contract Remarks:	L M H U
7. Contractor's timeliness in responding to emergency services. Remarks:	L M H U
8. Has the contractor ever received and Notices of Violations for noncompliance with environmental laws or regulations? Remarks:	Yes* No
9. Contractor's compliance with environmental requirements. Remarks:	L M H U
10. Contractor's compliance with safety and health requirements. Remarks:	L M H U

11. Contractor's compliance with security requirements. Remarks:	L M H U
12. Contractor's maintain a good relationship with agency contracting and technical/project management personnel. Remarks:	L M H U
13. Contractor's provided prompt and courteous service when responding to customer. Remarks:	L M H U
14. Contractor's flexibility in satisfying the requirements of its customers. Remarks:	L M H U
15. Has an election ever been made not to exercise an option or continue relations due to contractor's poor performance? Remarks:	Yes* No
16. Has a cure notice, show cause notice, suspension of payment, or termination been issued? Remarks:	Yes* No
17. Are there any pending terminations? Remarks:	Yes* No
18. Would you award another contract to the contractor being evaluated? Remarks:	Yes No*
19. Contractor's overall performance rating under the contract. Remarks:	L M H U
20. What were the contractor's top documented strengths, if any, in performing the contract requirements?	
21. What were the contractor's top documented weaknesses, if any, in performing the contract requirements?	
Additional Remarks:	
Signature:	Date: