

PAST PERFORMANCE QUESTIONNAIRE  
VISN 10 OHIO Home Oxygen Services  
VA250-17-R-0451

Please fax, e-mail or mail the completed questionnaire to:

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**CONTRACT IDENTIFICATION**

\*\*\*\*\* The Contractor Must Fill Out This Section \*\*\*\*\*

**Part 1:**

- a. Contractor: \_\_\_\_\_
- b. Contract number: \_\_\_\_\_
- c. Contract type: \_\_\_\_\_
- d. Was this a competitive contract? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Period of performance: \_\_\_\_\_
- f. Initial contract price: \$ \_\_\_\_\_
- g. Current/final contract price: \$ \_\_\_\_\_
- h. Potential and actual number of patients served: \_\_\_\_\_
- i. Description of services provided: (Please include any unusual requirements.)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_
- j. Of those services provided were there significant performance issues in one or more provided services?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- k. Number of actual customers (VAMCs) served: \_\_\_\_\_

l. Description of services that were sub-contracted off-site:

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m. Indicate any performance issues with sub-contracted services?

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## PAST – PERFORMANCE EVALUATION

Please indicate your satisfaction with the contractor's performance by circling the appropriate letter using the scale provided. This scale is defined as follows:

### Performance Confidence Assessment

Excellent/ High Confidence	Based on the offeror's performance record, essentially no doubt exists that the offeror will successfully perform the required effort.
Good/ Significant Confidence	Based on the offeror's performance record, little doubt exists that the offeror will successfully perform the required effort.
Satisfactory/ Confidence	Based on the offeror's performance record, some doubt exists that the offeror will successfully perform the required effort
Neutral/ Unknown Confidence	No performance record is identifiable "IAW FAR 15.305(a)(2)(iii) & (iv)
Unsatisfactory/ No Confidence	Based on the offeror's performance record, extreme doubt exists that the offeror will successfully perform the required effort.

## PERFORMANCE

P1. Completed or complied with all aspects of the contract for the following items:

<u>Initial Home Set-Up Services</u>	<u>E</u>	<u>G</u>	<u>S</u>	<u>N</u>	<u>U</u>
<u>Equipment Preventive Maintenance</u>	<u>E</u>	<u>G</u>	<u>S</u>	<u>N</u>	<u>U</u>
<u>Emergency Services</u>	<u>E</u>	<u>G</u>	<u>S</u>	<u>N</u>	<u>U</u>
<u>Patient Education Services</u>	<u>E</u>	<u>G</u>	<u>S</u>	<u>N</u>	<u>U</u>
<u>Delivery Services</u>	<u>E</u>	<u>G</u>	<u>S</u>	<u>N</u>	<u>U</u>
<u>Home Visit Services</u>	<u>E</u>	<u>G</u>	<u>S</u>	<u>N</u>	<u>U</u>
<u>Equipment Reliability</u>	<u>E</u>	<u>G</u>	<u>S</u>	<u>N</u>	<u>U</u>

P2. Contractor maintained accurate data, and provided compliance with procedure coding medical records security, and workload reporting. E G S N U

P3. Contractor provided necessary compliance with computer/communications compliance to meet contract requirements. E G S N U

Provide any explanation you may feel is required to clarify any of the above responses. Provide additional sheets as required: \_\_\_\_\_

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### **QUALITY**

Q1. Contractor had effective quality control program to ensure contract compliance.

E      G      S      N      U

Q2. Contractor demonstrated ability to identify and correct weaknesses in management (relative to contract, personnel (quantity and/or quality), planning/scheduling, and quality of service.

E      G      S      N      U

Q3. Contractor demonstrated ability to correct discrepancies in contract performance.

E      G      S      N      U

Provide any explanation you may feel is required to clarify any of the above responses. Provide additional sheets as required: \_\_\_\_\_

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### **SCHEDULE**

S1. Timeliness/effectiveness of providing services without extensive customer guidance.

E      G      S      N      U

Provide any explanation you may feel is required to clarify any of the above responses. Provide additional sheets as required: \_\_\_\_\_

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### **MANAGEMENT**

M1. Contractor provided experienced/qualified management personnel to meet contract requirements. E      G      S      N      U

M2. Contractor provided experienced/qualified staff to meet contract requirements.

E      G      S      N      U

M3. Contractor resolved customer complaints timely.   E    G    S    N    U  

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**Part IV**

**Government contracts only:** Has/was this contract partially or completely terminated for default or convenience or are there any pending terminations?

Yes \_\_\_\_ Default \_\_\_\_ Convenience \_\_\_\_ Pending Terminations \_\_\_\_ No \_\_\_\_

If yes, explain (e.g., inability to meet price, performance, or delivery schedules, etc.)

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**Narrative Summary**

a. What were the contractor's greatest strengths in the performance of the contract?

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b. What were the contractor's greatest weaknesses in the performance of the contract?

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c. Would you have any reservations about soliciting this contractor in the future or having them perform one of your critical and demanding programs?

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d. Are there any other issues not covered you feel important to note about performance of this contractor?

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**Part V**

Considering all the information provided above, please rate the contractor's performance overall.

Exceptional                  Very Good                  Satisfactory                  Neutral                  Unsatisfactory

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Evaluator's Signature

Date

