

APPENDIX B -
PAST PERFORMANCE QUESTIONNAIRE
VAMC
Northport, NY

Lifeguard, and Certified Pool Operator Services

SOLICITATION NUMBER:

Name of firm being evaluated: _____

The above contractor has identified you or your Agency (company) as a reference for past performance information for the above referenced solicitation. Please complete this survey, evaluating the contractor's previous performance for providing Lifeguard, and Pool Maintenance Services. Please return completed survey to:

Attn: Eulanda James,
Contract Specialist
Email: Eulanda.James@va.gov

It is requested that you complete the following information and provide your assessment.

Thank you for your assistance in the Past Performance evaluation process.

Organization Name: _____

Phone Number: _____

Name & Title of Survey Respondent: _____

Contract Number: _____

Location of Work: _____

Description of services performed: _____

Evaluation Scoring Definitions:

5. **EXCEPTIONAL:** The offeror's past performance exceeded the requirements in a way beneficial to the Government with no deficiencies found in the rated area of performance. The contractor receives high praise and strong recommendations.

4. **SATISFACTORY:** Performance meets contractual requirements and may exceed these requirements to the Government's benefit on occasion. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective. The contractor received an overall good appraisal and performed average services.

3. **MARGINAL:** The offeror's past performance indicates a failure to meet requirements of the contract. Several deficiencies were found during contract performance but the contractor cured these through close Government monitoring and special emphasis. Weaknesses are offset by some strengths.

2. **UNSATISFACTORY:** The offeror's past performance indicates they cannot meet the requirements of the current contract in many areas. Many deficiencies were not cured during contract performance. No evidence to indicate the contractor has resolved the problems that caused the defective performance. Performed services in a sub-average manner.

1. **NEUTRAL:** - Performance was not observed or not applicable to the current effort being reported against.

NOTE: When indicated please circle the appropriate number associated with the above adjective, for ratings below satisfactory, please comment.

1. Relevant Experience: Contract of similar type and dollar value

- a. Type of Contract: _____
- b. Dollar Value: \$_____
- c. Prime Contractor Y/N Sub-Contractor Y/N
- d. Date of award and completion: _____
- e. Amount of subcontracting: _____

COMMENTS: _____

1. Management Approach

- a. Transition Plan/Start up of Contract:

Identified adequate personnel prior to the contract start date	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>
Ensured equipment and materials were available prior to the contract start date.	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>
Provided a seamless transition by interfacing with the incumbent	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>

COMMENTS: _____

b. Resources: Adequate personnel, training, equipment, and supplies/materials.

Contractor's number of personnel were adequate for successful contract performance:	<i>5 4 3 2 1</i> <i>n/a</i>
Contractor's personnel were trained and possessed expertise necessary for successful contract performance:	<i>5 4 3 2 1</i> <i>n/a</i>

Contractor effectively replaced personnel as needed	<i>5 4 3 2 1</i> <i>n/a</i>
Contractor maintained adequate equipment supplies/material necessary for successful contract performance:	<i>5 4 3 2 1</i> <i>n/a</i>
Adequacy of on-site supervisor's authority:	<i>5 4 3 2 1</i> <i>n/a</i>

COMMENTS: _____

2. Ability to adhere to schedules

a Timeliness: Services performed timely

Timeliness of Contractor's performance:	<i>4 3 2 1 n/a</i>
Extent of Contractor's adherence to schedules:	<i>4 3 2 1 n/a</i>
Liquidated damages assessed, or deductions taken for late or non- performance of services: ** If yes, please insert comment below.	Yes No

COMMENTS: _____

3. Quality of work, performance in accordance with contract requirements

a. Consistency and Quality of Services:

Contractor compliance with Performance Work Statement:	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>
Overall quality of services provided:	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>
Contractor performance without repeated attempts to perform work correctly (i.e. amount of rework necessary):	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>

COMMENTS: _____

Description of any environmental or safety violations which occurred during performance

of the contract and, if applicable, what actions were taken to prevent future recurrence

of these violations.

4. b. Documentation:

Are reports/data accurate?	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>
Reports submitted in a timely fashion	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>n/a</i>

COMMENTS: _____

Additional Comments:

5. Customer satisfaction

a. Competence / Customer Satisfaction:

Overall customer satisfaction:	5	4	3	2	1	n/a
Options not exercised due to poor performance: If yes, please insert comment below.	Yes		No			
1) Contract Discrepancy Reports issued: Discrepancies were corrected satisfactorily: If no, please insert comment below.	Yes		No			
Recommend doing business with this contractor:	Yes		No			
Problems encountered and corrective action taken						

COMMENTS: _____