

ATTACHMENT 8
Past Performance Questionnaire/Survey

Past Performance Questionnaire / Survey for: Tele-Radiology Services

OFFEROR'S NAME: _____

CONTRACT NUMBER: _____

CONTRACT TYPE: _____

CONTRACT DOLLAR VALUE: _____

BRIEF DESCRIPTION OF WORK: _____

DATE COMPLETED: _____

RATING(S):

"E" = Exceeds the standards.

"M" = Meets the standards.

"F" = Fails-please note the issue/problem/resolution.

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"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 2. If reports were required, were they accurate in meeting contract requirements? | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 3. To what extent did the contractor use appropriate personnel for contract Requirements. | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 4. To what extent did the contractor display technical expertise? | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 5. To what extent was contractor able to meet the performance schedule? | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 6. What extent was contractor flexible in responding to changing needs? | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 7. To what extent was the contractor reliable? | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 8. To what extent was the contractor responsive to technical directions? | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 9. To what extent did contractor notify you of problems or potential problems? | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 10. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 11. Would you award another contract to the party being evaluated? If no, please explain: | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |
| 12. Was the customer satisfied with the end product? If not, please explain: | <input type="checkbox"/> | E | <input type="checkbox"/> | M | <input type="checkbox"/> | F |

36C25818Q0069
Teleradiology

ADDITIONAL COMMENTS

NAME OF EVALUATOR: _____

SIGNATURE OF EVALUATOR: _____ *(Optional)*

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 520-629-1817 Attention: Danielle Sepulveda – (36C25818Q0069) or email to Lillian.Sepulveda@va.gov

Mailing address:

DEPARTMENT OF VETERANS AFFAIRS
NETWORK CONTRACTING OFFICE 22 GILBERT
Attn.: Danielle Sepulveda 9-90C (36C25818Q0069)
3601 S. 6th Ave.
Tucson, AZ 85723

NOTICE: All completed Past Performance Questionnaires / Survey should be received by 03/30/2018.