

**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](mailto:Lillian.Sepulveda@va.gov)

Mailing address:

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

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