

Past Performance Questionnaire and Client References
Improve Life Safety Phase 1
VA259-13-R-0275

Provide a minimum of two (2) or up to a maximum of four (4) of the most relevant and recent contracts and references.

Contractor Submitting Proposal Name, address, phone number:

Name:
Address:

Phone Number:

Title and Amount of Project on which Past Performance is based:

Title:

Amount:

Performance Period:

Name, Title, Phone number of Contracting Officer and/or COR in charge of Project:

Name:

Phone Number:

Brief Description of Project:

Ratings:

E - Excellent – Consistent record of exceptional past performance, many strengths

VG – Very Good- Consistent record of successful past performance, strengths far outweigh any weaknesses

S - Satisfactory – Successful past performance, strengths outweigh any weakness. Met minimums.

M - Marginal – Weaknesses far outweigh strengths

U - Unsatisfactory-Significant weaknesses with no strengths

NA – not applicable

1. How was the contractor's adherence to technical requirements of the contract?

E VG S M U NA

Comments:

2. How well did the prime Contractor coordinate the work of subcontractors/suppliers/labor force?

E VG S M U NA

Comments:

3. Was performance completed in accordance with planned progress schedule?

E VG S M U NA

Comments:

4. Were Material Submittals, Payrolls, Quality Control Plan, Safety Plans, etc. submitted in a timely manner?

E VG S M U NA

Comments:

5. How many change orders and RFIs which were not prompted by post-award customer-requested changes were submitted by the contractor during this Project?

E VG S M U NA

Comments:

6. Was Project Management effective?

E VG S M U NA

Comments:

7. How would you rate the contractors overall quality of work?

E VG S M U NA

Comments:

8. Were there any serious accidents or numerous minor accidents on this job?

E VG S M U NA

Comments:

9. Given the opportunity, would you award another contract to the contractor?

E VG S M U NA

Comments:

Signature of Rater: _____ Date: _____