

Escambia County, Florida
CONTRACTOR PERFORMANCE EVALUATION

Contract Number _____

Title _____

Firm _____ Total Constr \$ _____

Firm's Project Manager _____ Contract Completion Date _____

	<u>Not Applicable</u>	<u>Performed Notably Well</u>	<u>Satisfactory Performance</u>	<u>Inferior Performance</u>
1 Performing Construction Work				
a. Conformance w/Construction Docs.	9	9	9	9
b. Quality of Work	9	9	9	9
c. Finishing/Clean-up	9	9	9	9
2 Meeting Schedules	9	9	9	9
3 Maintaining Safety Practices	9	9	9	9
4 Working with Subcontractors				
a. Control	9	9	9	9
b. Coordination	9	9	9	9
c. Payments	9	9	9	9
5 Cooperating				
a. With County	9	9	9	9
b. With A&E	9	9	9	9
6 Providing Close-out Documents	9	9	9	9

(See reverse for evaluation comments.)

Recommended for future contracts? **9** Yes **9** No **9** Conditional *(If "No" or "Conditional", comment below.)*

Name & Title of Reviewing Official _____

Signature _____ Date _____

