
Contractor/Subcontractor Performance Evaluation Form

Contractor Name _____

Address _____

City/State/Zip _____

Project Name _____ Project Number _____

Description of work _____

Original Contract Amount _____ Actual Amount _____

Total Change Orders _____

Schedule Completion Date _____ Actual Completion Date _____

Purpose: To document the performance of a contractor or subcontractor. Performance ratings will be considered when awarding future contracts.

Procedure: Evaluate the performance of the contractor in the categories listed below. Explain in detail on the reverse side of this form and/or attach addition sheet, any rating(s) of '1' – Unacceptable. Provide facts to justify your rating of unacceptable. If, in your judgment, a category does not apply to the Project enter 'NA' (not applicable) as the rating.

Performance Element	Rating	Values and Descriptions
1. Schedule	_____	1 – UNACCEPTABLE
2. Quality	_____	2 – MARGINAL
3. Cost	_____	3 – SATISFACTORY
4. Safety	_____	4 – GOOD
5. Relationship	_____	5 – EXCELLENT
6. Communication	_____	
7. Documentation	_____	
	Total _____	Average (total/7) _____

Abtrex Representative _____

Date _____