

Zone #1

SUPPLIER/PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Supply Management & Logistics Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Supply Management & Logistics
Technology and Support Services Center
7720 West Oakland Park Boulevard
Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0516) or
E-mail to: purchasing.helpdesk@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: RAULAND-BORG
Supplier Contact: _____
Contact Telephone: _____

Bid Number: _____ Purchase Order Number: _____

What was the product/Service? REPAIRS

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as scheduled or promised:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input checked="" type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes No

SECTION 2 – PRODUCT/SERVICE EVALUATION

4. How do you rate their product/service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as compared to similar products/services:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input checked="" type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input type="checkbox"/>	Definitely <input type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product/service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: CONSISTENTLY POOR PERFORMANCE.

Evaluation Form Completed By:

Name/Title: STEVE BURROWS / ELECTRONIC TECH
School/Department: ZONE 1 / PHYSICAL PLANT OPERATIONS
Contact Telephone: 754-321-2800

ZONE 2

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 - SUPPLIER EVALUATION

Supplier Company Name:
Supplier Contact:
Contact Telephone:

Rauland Bolt Corp

Bid Number: Purchase Order Number:

What was the product/Service? REPAIRS

1. How do you rate the supplier in the following areas?

1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent
Overall Customer Service:
Delivery as scheduled or promised:

2. How satisfied are you with the supplier?

1 Not Satisfied 2 Somewhat Satisfied 3 Satisfied 4 Very Satisfied

3. Will you use them again? Yes No

SECTION 2 - PRODUCT/SERVICE EVALUATION

4. How do you rate their product/service?

1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent
Compliance with Specifications:
Quality as compared to similar products/services:
Price as compared to similar products/services:

5. Would you purchase this product or use this vendor again?

1 Very Unlikely 2 Unlikely 3 Probably 4 Definitely

*If not, please explain why in comments.

SECTION 3 - END-USER INPUT

Please share any additional information regarding this supplier or the product/service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: NONE

Evaluation Form Completed By:
Name/Title: Jim Ebenting ZONE 2 MAINTENANCE
School/Department: PHYSICAL PLANT OPERATIONS
Contact Telephone: 754-321-1450

Zone 3

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: RAULAND BORG
Supplier Contact: _____
Contact Telephone: _____

Bid Number: _____ Purchase Order Number: _____

What was the product/Service? REPAIRS

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very Satisfied <input checked="" type="checkbox"/>

3. Will you use them again? Yes No

SECTION 2 – PRODUCT/SERVICE EVALUATION

4. How do you rate their product/service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as compared to similar products/services:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input checked="" type="checkbox"/>	Definitely <input type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product/service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: Great response and knowledge

Evaluation Form Completed By:

Name/Title: FERNANDO BORDA ZONE 3 ELECTRICAL
School/Department: PHYSICAL PLANT OPERATIONS
Contact Telephone: 754-321-2908

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Rauland - Borg
Supplier Contact: _____
Contact Telephone: _____

Bid Number: _____ Purchase Order Number: _____

What was the product/Service? _____

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as scheduled or promised:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes No

SECTION 2 – PRODUCT/SERVICE EVALUATION

4. How do you rate their product/service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as compared to similar products/services:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input type="checkbox"/>	Definitely <input checked="" type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product/service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: very fair in pricing

Evaluation Form Completed By:
Name/Title: MARTY BENNETT DISTRICT ELECTRIC
School/Department: DISTRICT MAINTENANCE
Contact Telephone: 754-321-4600

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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 7720 West Oakland Park Boulevard, Sunrise, Florida 33351
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 E-mail to: [@browardschools.com](mailto: @browardschools.com)

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: NDR CORPORATION INC
 Supplier Contact: TODD BERNER
 Contact Telephone: 954-565-9667

Bid No.: 28-083T Purchase Order No.: _____

What was the product / service? DUKANE INTERCOM SYSTEMS, SOUND SYSTEMS

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input checked="" type="checkbox"/>	3 Satisfied <input type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
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3. Will you use them again? Yes No

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input checked="" type="checkbox"/>	4 Definitely <input type="checkbox"/>
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*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: WILL SOMETIMES SOLICIT TO SITES DIRECTLY SOMETIMES RESULTING IN AN INSTALLATION THAT MAY NOT BE INSPECTED, OR MAY NOT MEET SPECIFICATIONS.

Name / Title: MARVIN BENNETT - ELECTRICAL LEADMAN
 School / Department: DISTRICT ELECTRIC
 Contact Telephone: 954 830 0911 OFFICE = 754 321 4671
 Participant's Signature: [Signature] Date: 12/23/14

SUPPLIER / PRODUCT EVALUATION FORM

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 E-mail to: _____@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: NDR
 Supplier Contact: TODD BERNER
 Contact Telephone: 954-565-9669

Bid No.: _____ Purchase Order No.: _____

What was the product / service? INTERCOM, CLOCKS, BELLS, SOUND SYS. AMPLIFIERS

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied 2 Somewhat Satisfied 3 Satisfied 4 Very Satisfied

3. Will you use them again? Yes No

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely 2 Unlikely 3 Probably 4 Definitely

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: GREAT CUSTOMER SERVICE, QUALITY WORK.
IN MINIMAL TIME FRAME

Evaluation Form Completed By: _____
 Name / Title: JIM EBERLING FOREMAN
 School / Department: P.90 Zone 2
 Contact Telephone: 754-321-1450
 Participant's Signature: [Signature] Date: 12/19/14

SUPPLIER / PRODUCT EVALUATION FORM

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SECTION 1 - SUPPLIER EVALUATION

Supplier Company Name: MUSIC ARTS ENTERPRISES
Supplier Contact: _____
Contact Telephone: _____

Bid No.: _____ Purchase Order No.: _____

What was the product / service? AMPLIFIERS, MIXERS, EQUALIZERS

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 2 3 4

Not Satisfied Somewhat Satisfied Satisfied Very Satisfied

3. Will you use them again? Yes No

SECTION 2 - PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 2 3 4

Very Unlikely Unlikely Probably Definitely

*If not, please explain why in comments.

SECTION 3 - END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: PRODUCTS ARE VERY REASONABLE PRICE.
DELIVERY TIME FRAME COULD BE QUICKER

Evaluation Form Completed By

Name / Title: Jim EBERLING Foreman
School / Department: RPO Zone 2
Contact Telephone: 754-321-4450
Participant's Signature: [Signature] Date: 12/15/14