

**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:

Procurement & Warehousing Services Department  
 Technology and Support Services Center  
 7720 West Oakland Park Boulevard, Sunrise, Florida 33351  
 For assistance with this form, please contact (754) 321-0504 or  
 E-mail to: [kay.lloyd@browardschools.com](mailto:kay.lloyd@browardschools.com)

**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: CRITTER CONTROL

Bid No.: 15-086T Purchase Order No.: N/A

What was the product / service? ANIMAL CONTROL SERVICES

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 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 type="checkbox"/>	3 Satisfied <input checked="" 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 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 checked="" 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 type="checkbox"/>	4 Definitely <input checked="" 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: William Sharpe C.R.C.O.  
 School / Department: Granada  
 Contact Telephone: 954 913-3068  
 Participant's Signature: [Signature] Date: 1-12-2015