

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) 321-0507 or
 E-mail to: gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: US Wholesale Pipe and Tube
 Supplier Contact: Steven DeLoache
 Contact Telephone: (800) 708-8823

Bid No.: 15-002R Purchase Order No.: Various

What was the product? Fencing Materials – (bid term 7/1/14 – 6/30/16)

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 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	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 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: Thomas Dragner / Foreman - DSPF
 School / Department: PPO Grounds / Fence
 Contact Telephone: (754) 321-4301
 Participant's Signature: *Thomas Dragner* Date: 7-12-16

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*Comments: _____

Name / Title: David Mammel / Supervisor II
School / Department: PPO Grounds Dept.
Contact Telephone: (954) 778-9981
Participant's Signature: [Signature] Date: 4/12/16

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Evaluation Form Completed By:

Name / Title: Phillip Dorsett / Supervisor II
 School / Department: Procurement & Warehousing Services / PPO Stockroom
 Contact Telephone: 754-321-4719

Participant's Signature:  Date: April 18, 2016