

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:

Procurement & Warehousing Services
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: ALLIED CONTROLS INC
Supplier Contact: KATHLEEN JOHNSON
Contact Telephone: (407) 788-0050

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 type="checkbox"/>	4 Very Satisfied <input checked="" 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 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 checked="" 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 type="checkbox"/>	4 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: _____

Evaluation Form Completed By: ELOI QUESADA / SUPERVISOR 1
Name/Title: _____
School/Department: DAC
Contact Telephone: 754 321 4651

SUPPLIER/PRODUCT EVALUATION FORM

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Supplier Company Name: ALLIED CONTROLS INC
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 Contact Telephone: (407) 788-0050

Bid Number: 15-001R Purchase Order Number: _____

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

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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: SAL DANICO A/C FOREMAN
 School/Department: P.P.O A/C
 Contact Telephone: 754-321-4642

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: ALLIED CONTROLS INC
 Supplier Contact: KATHLEEN JOHNSON
 Contact Telephone: (407) 788-0050

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 Poor	2 Fair	3 Good	4 Very Good	5 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 type="checkbox"/>	<input checked="" 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 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: LOU MUFFALE / HVAC SUPERVISOR II
 School/Department: DISTRICT A/C
 Contact Telephone: 754-321-4647

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 - SUPPLIER EVALUATION

Supplier Company Name: Allied Controls
Supplier Contact: Kathleen Johnson
Contact Telephone: 800-788-0955

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 checked="" 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	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input checked="" 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	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: Dale Brockman HVAC Foreman
School/Department: RPO Zone 1
Contact Telephone: 754-321-2817

SUPPLIER/PRODUCT EVALUATION FORM

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E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: GEMAIN DISTRIBUTORS
Supplier Contact: MICHAEL ROBERTS
Contact Telephone: 954 246 2665

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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
 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:	<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 checked="" 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 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: _____

Evaluation Form Completed By:

Name/Title: ELOY QUESADA / SUPERVISOR 1
School/Department: DAE
Contact Telephone: 754 321 4651

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: GEMAINÉ DISTRIBUTIONS
 Supplier Contact: MICHAEL ROGENS
 Contact Telephone: 954 246 2665

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 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	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: SAL DAMICO A/C FOREMAN
 School/Department: P.P.O A/C
 Contact Telephone: 754-321-4642

SUPPLIER/PRODUCT EVALUATION FORM

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 E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: GEMINE DISTRIBUTIONS
 Supplier Contact: MICHAEL ROBERTS
 Contact Telephone: 954 246 2665

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 Poor	2 Fair	3 Good	4 Very Good	5 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 type="checkbox"/>	<input checked="" 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 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: LOU MUFLES / SUPERVISOR II HVAC
 School/Department: DISTRICT A/C
 Contact Telephone: 754-321-4647

SUPPLIER/PRODUCT EVALUATION FORM

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E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 - SUPPLIER EVALUATION

Supplier Company Name: Gemair Distributors
Supplier Contact: Mike Rogers
Contact Telephone: 800-266-2665

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 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:	<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 type="checkbox"/>	<input checked="" 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 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: _____

Name/Title: Dale Brockman HVAC Foreman
School/Department: PPO Zone 1
Contact Telephone: 754-321-2817

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:
Supplier Contact:
Contact Telephone:

Johnson Controls
David Powell
954-295-6479

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as scheduled or promised:	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Somewhat Satisfied <input checked="" 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 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 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 checked="" 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: _____

Name/Title: Dale Brockman HVAC Foreman
School/Department: PPO Zone 1
Contact Telephone: 754-321-2817

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 - SUPPLIER EVALUATION

Supplier Company Name: Mechanical Supplies
 Supplier Contact: Alan Ray
 Contact Telephone: 877-888-0541

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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

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

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: Alan calls if he has any questions to speed up delivery

Name/Title: Dale Brockman HVAC Foreman
 School/Department: PPO Zone 1
 Contact Telephone: 754-321-2817

SUPPLIER/PRODUCT EVALUATION FORM

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 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: PECO ENTERPRISES INC
 Supplier Contact: CARLOS HERNANDA
 Contact Telephone: 305 827-0660

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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	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 Poor	2 Fair	3 Good	4 Very Good	5 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 type="checkbox"/>	<input checked="" 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 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: _____

Evaluation Form Completed By:

Name/Title: ELOY QUESADA / SUPERVISOR I
 School/Department: PAE
 Contact Telephone: 754 321 4651

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:

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 E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: PECO ENTERPRISES INC
 Supplier Contact: CARLOS HERMIDA
 Contact Telephone: 305 827-0660

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: SAL DAMICO A/C FOREMAN
 School/Department: P.P.O A/C
 Contact Telephone: 754-321-4642

SUPPLIER/PRODUCT EVALUATION FORM

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E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: PECO ENTERPRISES INC
Supplier Contact: CARLOS HERRERA
Contact Telephone: 305 827-0660

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input checked="" 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	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: LOWMYFALE
School/Department: DISTRICT A/C
Contact Telephone: 754-321-4647

SUPPLIER/PRODUCT EVALUATION FORM

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E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: SOUTHEAST FLORIDA PARTS (JOHNSTONE SUPP)
Supplier Contact: CARLY HAGENBAUMEN
Contact Telephone: (954) 971-9350

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 checked="" 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	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____

Evaluation Form Completed By: ELOY QUESADA / SUPERVISOR I
Name/Title: _____
School/Department: DAC
Contact Telephone: 754 321 4651

SUPPLIER/PRODUCT EVALUATION FORM

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E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: SOUTHEAST FLORIDA PAINTS (JOHNSTONE SUPP)
 Supplier Contact: CARLY HAGENBAUMEN
 Contact Telephone: (954) 971-9350

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 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	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: SAL DAMICO, A/C FOREMAN
 School/Department: P.P.O. A/C
 Contact Telephone: 754-321-4642

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:

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E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: SOUTHEAST FLORIDA PARTS (JOHNSTONE SUPP)
Supplier Contact: CARLY HAGENBAUMEN
Contact Telephone: (954) 971-9350

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 Poor	2 Fair	3 Good	4 Very Good	5 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 type="checkbox"/>	<input checked="" 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 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: LOUI MURALE
School/Department: DISTRICT A/C
Contact Telephone: 754-321-4647

SUPPLIER/PRODUCT EVALUATION FORM

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 E-mail to: Gregory.a.jackson@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: TOWER ENTERPRISES
 Supplier Contact: STEVEN ZENDA
 Contact Telephone: 954 920 8509

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 <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
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 | 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: _____

Evaluation Form Completed By:

Name/Title: ELOY QUESADA / SUPERVISOR I
 School/Department: DAC
 Contact Telephone: 754 321 4651

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: TOWER ENTERPRISES
 Supplier Contact: STEVEN ZENDA
 Contact Telephone: 954 920 8509

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 <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 Poor	2 Fair	3 Good	4 Very Good	5 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 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	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: _____

Evaluation Form Completed By:

Name/Title: SAL DAMICO A/C FOREMAN
 School/Department: P.P.O A/C
 Contact Telephone: 754-321-4642

SUPPLIER/PRODUCT EVALUATION FORM

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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: TOWEN ENTERPRISES
Supplier Contact: STEVEN ZENDA
Contact Telephone: 954 920 8509

Bid Number: 15-001R Purchase Order Number: _____

What was the product/Service? HVAC-R AND COOLING TOWER EQUIPMENT

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 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
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 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 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	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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: _____

Evaluation Form Completed By:

Name/Title: LOU MUFFALE
School/Department: DISTRICT A/C
Contact Telephone: 754-321-4647