

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) 321-0527 or
E-mail to: Larissa.seda@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: All Florida Paper
 Supplier Contact: Carrie Cutie
 Contact Telephone: 305-884-8424

Bid No.: 11-054N Purchase Order No.: Various

What was the product / service? Plasticware and Flatware Cutlery for Cafeterias

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 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 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 IS BASED ON DELIVERY SCHEDULE ONLY. MATERIALS ARE PURCHASED THROUGH FOOD AND NUTRITION SERVICES.

Name / Title: DARYL C. CHARLIE / FOREMAN
 School / Department: WAREHOUSING SERVICES
 Contact Telephone: 754-321-4725
 Participant's Signature: [Signature] Date: 5/4/16

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*Comments: _____

Evaluation Form Completed By:

Name / Title: Reginald Manerick / Foreman, Warehouse
 School / Department: Procurement + Warehousing
 Contact Telephone: 754-321-4725
 Participant's Signature: [Signature] Date: 5/24/14

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*Comments: _____

Evaluation Form Completed By:

Name / Title: JACQUELYN AUGUSTINE / Purchasing Assistant
 School / Department: FOOD AND NUTRITION SERVICES
 Contact Telephone: 754 321-8224
 Participant's Signature: Jacquelyn Aug Date: 4-10-16

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Evaluation Form Completed By:

Name / Title: Lynne Wells / Purchasing Agent
 School / Department: Food & Nutrition Services
 Contact Telephone: 754-321-0213
 Participant's Signature: Lynne Wells Date: 5-9-2016