

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: ACCREDITED LOCK Supply Co.
 Supplier Contact: Robin
 Contact Telephone: 800-652-2895

Bid Number: 15-004R Purchase Order Number: _____

What was the product/Service? Door Hardware / Locks

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: Pricing slightly higher vs. Southern Lock
Please keep some multiple awarded vendors per contract

Evaluation Form Completed By:
 Name/Title: Brenda Serna
 School/Department: PAV Stockroom
 Contact Telephone: 56-321-4701

SUPPLIER/PRODUCT EVALUATION FORM

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: _____
Supplier Contact: _____
Contact Telephone: _____

ACCREDITED LOCK Supply Co.

Bid Number: 15-004R Purchase Order Number: _____

What was the product/Service? CCL, Don-Jo, Hager Hinge, Schlage, Von Duprin, Master Lock
Pemko Threshold, LCN Door Closers, Rexon, Sargent

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

Name/Title: Tom Jensen Stock Clerk PRT
School/Department: Stock room
Contact Telephone: 754-321-4713

SUPPLIER/PRODUCT EVALUATION FORM

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: ACCREDITED LOCK Supply Co.
 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 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"/>
---	--	--	--

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 checked="" type="checkbox"/>	4 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: K. Curry
 School/Department: PPO HARDWARE
 Contact Telephone: 754 321 4654

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: ELECTRONIC ACCESS SPECIALISTS INC
 Supplier Contact: _____
 Contact Telephone: _____

Bid Number: 15-0248 Purchase Order Number: _____

What was the product/Service? Door Hardware/locks

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 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 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 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
<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: Excellent response + service
Please keep bids same MULTIPLE Awarded Vendors format

Evaluation Form Completed By:

Name/Title: _____
 School/Department: High School
 Contact Telephone: 754-321-4701

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: ELECTRONIC ACCESS SPECIALISTS INC
 Supplier Contact: _____
 Contact Telephone: _____

Bid Number: 15-004R Purchase Order Number: _____

What was the product/Service? CCL, Don-Jo, Hager - Hinge, Schlage, Von-Dupria, MasterLock, Pemko, Threshold, LCN Door Closers, Rixon, Sargent

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 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 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: Tom Jensen Stock Clerk P & T
 School/Department: Stock room
 Contact Telephone: 754-321-4713

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:
 Supplier Contact:
 Contact Telephone:

ELECTRONIC ACCESS SPECIALISTS INC

Bid Number: _____ Purchase Order Number: _____

What was the product/Service? _____

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 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 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"/>
---	--	---	---

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 Name/Title: R. CURRY
 School/Department: PPO HARDWARE
 Contact Telephone: 754 321 4654

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: INDEPENDENT HARDWARE SOUTH INC.
Supplier Contact: Frank
Contact Telephone: 713-925-5127 x 103

Bid Number: 15-004R Purchase Order Number: _____

What was the product/Service? Door Hardware/locks

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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: Pricing was higher vs. Southam Lock
Please keep same multiple awarded vendors format

Evaluation Form Completed By: Brad Serna
Name/Title: _____
School/Department: Stockroom PPO
Contact Telephone: 754-321-4701

SUPPLIER/PRODUCT EVALUATION FORM

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:
Supplier Contact:
Contact Telephone:

INDEPENDENT HARDWARE SOUTH INC.

Bid Number: _____ Purchase Order Number: _____

What was the product/Service? _____

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 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 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 type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input 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 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: Never Used This Vendor

Evaluation Form Completed By:
Name/Title: Tom Jensen Stock Clerk P & I
School/Department: Stock room
Contact Telephone: 754-321-4713

SUPPLIER/PRODUCT EVALUATION FORM

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: INTERLINE BRANDS, INC
Supplier Contact: GARY
Contact Telephone: 954-554-4833

Bid Number: 15-004R Purchase Order Number: _____

What was the product/Service? Door Hardware/locks

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 checked="" type="checkbox"/>	<input 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 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	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: Pricing higher than others on bid
Please keep same multiple awarded vendors format

Name/Title: Brad Serna Evaluation Form Completed By:
School/Department: PPD Stockroom
Contact Telephone: 754-321-4701

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: _____
 Supplier Contact: _____
 Contact Telephone: _____

INTERLINE BRANDS, INC

Bid Number: 15-004R Purchase Order Number: _____

What was the product/Service? _____

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 type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input 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 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: Used This Vendor for Plumbing Bid. Have Not
Used this Vendor for this Bid.

Evaluation Form Completed By:

Name/Title: Tom Jensen Stock Clerk P & I
 School/Department: Stockroom
 Contact Telephone: 754-321-4713

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: INTERLINE BRANDS, INC
 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 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 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 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: _____
 School/Department: KEURRY DPO HARDWARE
 Contact Telephone: 754 321 4654

SUPPLIER/PRODUCT EVALUATION FORM

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: World Electronic Supply Inc
 Supplier Contact: Scott
 Contact Telephone: 954-779-1960

Bid Number: 15-004R Purchase Order Number: _____

What was the product/Service? Door Hardware/Locks

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 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	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 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: Please keep some multiple awarded vendors for next

Evaluation Form Completed By:

Name/Title: Brad Serina
 School/Department: PPA Stockroom
 Contact Telephone: 754 321 4701

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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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:
Supplier Contact:
Contact Telephone:

World Electronic Supply Inc

Bid Number: 15-004B

Purchase Order Number: _____

What was the product/Service? _____

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 type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input 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 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: Used This Vendor For Non-Bid Items. Have not used this vendor for this Bid.

Evaluation Form Completed By:

Name/Title:

Tom Jensen Stock Clerk P & I

School/Department:

Stockroom

Contact Telephone:

754-321-4713

SUPPLIER/PRODUCT EVALUATION FORM

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:
Supplier Contact:
Contact Telephone:

World Electronic Supply Inc

Bid Number: _____ Purchase Order Number: _____

What was the product/Service? _____

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

*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: _____
School/Department: KEURRY PRO HARDWARE
Contact Telephone: 754 321 4654

SUPPLIER/PRODUCT EVALUATION FORM

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Sunrise, Florida 33351

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:
Supplier Contact:
Contact Telephone:

WW GRANGER INC
Stuart

Bid Number: 15-004R

Purchase Order Number:

What was the product/Service?

Door Hardware/locks

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

outsourcing is weak

Please keep same multiple awarded vendors format

Evaluation Form Completed By:

Name/Title:
School/Department:
Contact Telephone:

Brenda Serna
RPO Stockroom
754-321-4701

SUPPLIER/PRODUCT EVALUATION FORM

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SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:
Supplier Contact:
Contact Telephone:

WW GRANGER INC

Bid Number: 15-004 R

Purchase Order Number: _____

What was the product/Service? _____

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 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 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 type="checkbox"/>
Quality as compared to similar products/services:	<input 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

*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: Originally Quoted Items from this Bid, However the prices were not competitive with the other vendors on this bid.

Evaluation Form Completed By:

Name/Title:

Tom Jensen P & I

School/Department:

Stock room

Contact Telephone:

754-321-4713

SUPPLIER/PRODUCT EVALUATION FORM

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

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: _____
Supplier Contact: _____
Contact Telephone: _____

WW GRANGER INC

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 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 <input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services:	<input type="checkbox"/>	<input 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 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 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: _____

Not used to my knowledge

Name/Title: _____

School/Department: _____

Contact Telephone: _____

Evaluation Form Completed By:

K CURRY PRO HARDWARE
754 321 4654