



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

The purpose of this evaluation form is to rate a supplier's performance. 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 forms to:
Procurement & Warehousing Services Department (TSSC Building)
7720 West Oakland Park Boulevard, Suite 323
Sunrise, Florida 33351

For assistance with this form contact us at
(754) 321-0505 or [CLICK HERE](#) to send us an email (include the words Supplier/Product Evaluation Form in the subject)

GENERAL INFORMATION

Bid #: 18-087T Bid Title: Refuse Services
Purchase Order #: Product/Service Provided:
Supplier (Company) Name:
Contact Name: Contact Phone #: () -

SECTION 1: SUPPLIER EVALUATION

1.) How would 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"/> |

| | 1 | 2 | 3 | 4 |
|--|---|-----------------------------|-------------------------------------|--------------------------|
| | Not Satisfied | Somewhat Satisfied | Satisfied | Very Satisfied |
| 2.) How satisfied are you with the supplier? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.) Will you use this supplier again? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?


| | 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"/> |
| Prices as compared to similar products/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| | Very Unlikely | Unlikely | Probably | Definitely |
| 5.) Would you purchase this product/service again? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION 3: END USER COMMENTS

Please share any additional information regarding this supplier or the products / services provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

EVALUATION FORM COMPLETED BY:

Name: Alain Dumais Title: Contact Phone #: (754) 323-1210
School/Department: Croissant Park Elementary
Participant's Signature:  Date: 02/09/2018



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Purchase Order #: Product/Service Provided:
Supplier (Company) Name:
Contact Name: Contact Phone #: () -

SECTION 1: SUPPLIER EVALUATION

1.) How would 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"/> |

| | 1 Not Satisfied | 2 Somewhat Satisfied | 3 Satisfied | 4 Very Satisfied |
|--|---|--------------------------|-------------------------------------|--------------------------|
| 2.) How satisfied are you with the supplier? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.) Will you use this supplier again? | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | |

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

| | 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"/> |
| Prices as compared to similar products/services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | 1 Very Unlikely | 2 Unlikely | 3 Probably | 4 Definitely |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 5.) Would you purchase this product/service again? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION 3: END USER COMMENTS

Please share any additional information regarding this supplier or the products / services provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

EVALUATION FORM COMPLETED BY:

Name: CHADDRIK BRYANT Title: HEAD CUSTODIAN Contact Phone #: (754) 321-6050
School/Department: HARBORDALE ELEMENTARY
Participant's Signature: *Chaddrik Bryant* Date: 02/08/18



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GENERAL INFORMATION

| | |
|---|---|
| Bid #: 18-087T | Bid Title: Refuse Services |
| Purchase Order #: | Product/Service Provided: REFUSE |
| Supplier (Company) Name: PROGRESSIVE WASTE SOLUTIONS / WASTE CONNECTIONS | |
| Contact Name: BRET BOCCABELLA | Contact Phone #: (305) 638-3800 |

SECTION 1: SUPPLIER EVALUATION

1.) How would 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 |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 2.) How satisfied are you with the supplier? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3.) Will you use this supplier again?

| | Yes | No |
|---------------------------------------|-------------------------------------|--------------------------|
| 3.) Will you use this supplier again? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

| | 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"/> |
| Prices 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/service again?

| | 1 Very Unlikely | 2 Unlikely | 3 Probably | 4 Definitely |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 5.) Would you purchase this product/service again? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION 3: END USER COMMENTS

Please share any additional information regarding this supplier or the products / services provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

SOLID PERFORMER, VERY COMPETITIVE PRICING

EVALUATION FORM COMPLETED BY:

| | | |
|--|------------------------------|--|
| Name: JIM BOWEN | Title: PROJECT COORD. | Contact Phone #: (754) 321-4219 |
| School/Department: ENVIRONMENTAL CONSERVATION & UTILITY MGMT. | | |
| Participant's Signature: | Date: 1/28/2018 | |



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Purchase Order #:

Product/Service Provided:

Supplier (Company) Name:

Contact Name:

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| | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
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| Overall customer service | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | 1 Not Satisfied | 2 Somewhat Satisfied | 3 Satisfied | 4 Very Satisfied |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 2.) How satisfied are you with the supplier? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3.) Will you use this supplier again? Yes No

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

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| Prices as compared to similar products/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | 1 Very Unlikely | 2 Unlikely | 3 Probably | 4 Definitely |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 5.) Would you purchase this product/service again? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION 3: END USER COMMENTS

Please share any additional information regarding this supplier or the products / services provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

EVALUATION FORM COMPLETED BY:

Name: JIM ELLIOTT Title: Head Facilities Contact Phone #: (754) 323 7101
 School/Department: Hollywood Hills High # 1661
 Participant's Signature: [Signature] Date: 2/2/2018