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 (inclu	ide the wo	ords Supplier/	Product Eva	aluation Form in	the subject)		
GENERAL INFORMATION							
Bid #: 15-076C Bid Title: Purchase and installation	n of Indoo	or/Outdoor W	alk-in Cool	er Freezer			
Purchase Order #:	Produc	t/Service Pr	ovided: W	/alk-in			
Supplier (Company) Name: State Contracting							
Contact Name: Paul Carty		ct Phone #: (-			
SECTION 1: SUPPLIER EVALUATION							
1.) How would you rate the supplier in the following					_		
	1 Poor	2 Fair	Good	Very Good	5 Excellent		
Overall customer service	\vdash						
Delivery as scheduled or promised	\sqcup	\bigsqcup_{2}		Ш	V		
	Not	Somewha	t c.	3 '-5-4	4		
Sa	tisfied	Satisfied	Sat	isfied Ver	y Satisfied		
2.) How satisfied are you with the supplier?			[lacksquare		
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?							
	1	2	3	4	5		
	Poor	Fair	Good	Very Good	Excellent		
Compliance with specifications				\checkmark			
Quality as compared to similar products/services				$ \mathbf{Z} $			
Prices as compared to similar products/services							
		1	2	3	4		
	_	Unlikely	Unlikely	Probably	Definitely		
5.) Would you purchase this product/service again?					\checkmark		
SECTION 3: END	USER CO	MMENTS					
Please share any additional information regarding this su			/ services p	rovided. <u>If this s</u>	supplier's		
performance is unsatisfactory, please tell us wi	h <u>y.</u> You ma	ay attach an a	dditional sh	neet if necessary	1.		
EVALUATION FO	RM COM	PLETED BY:					
<u></u>							
	ent	C	ontact Pho	one #: ()	-		
	ent	C	ontact Pho	one #: ()	•		

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(754) 321-0505 or <u>CLICK HERE</u> to send us an email (in	clude the words Suppli	er/Product Eva	iluation Form in	n the subject)			
GENERAL	LINFORMATION						
Bid #: 15-076C Bid Title: Purchase and Installation of Indoor/Outdoor Walk-in Cooler Freezer							
Purchase Order #:	Product/Service	Provided: W	alk-in				
Supplier (Company) Name: Johnson Controls							
Contact Name: Dane Rose	Contact Phone	#: ()	-				
SECTION 1: SU	JPPLIER EVALUATION	١					
1.) How would you rate the supplier in the followi	ng areas?						
2.) How satisfied are you with the supplier?	Poor Fair Poor Fair Satisfied Satisfied	hat ed Sati	Very Good 3 isfied Ver	Excellent 4 Y Satisfied			
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/service	es provided	with this Bid?				
Compliance with specifications Quality as compared to similar products/services Prices as compared to similar products/services 5.) Would you purchase this product/service again	1 2 Poor Fair	3 Good 2 Unlikely	4 Very Good 3 Probably	5 Excellent 4 Definitely			
SECTION 3: EN	ND 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: Lynne Wells Title: Purchasing A	gent	Contact Pho	one #: ()	-			
School/Department: Food & Nutrition Services							
Participant's Signature: Ayum U	ello	Date:	2-1-	2018			

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