



# 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

|  |  |
|--|--|
| <b>Bid #:</b> 16-008B  | <b>Bid Title:</b> Floor Finish Systems   |
| <b>Purchase Order #:</b>                                       | <b>Product/Service Provided:</b>         |
| <b>Supplier (Company) Name:</b> National Chemical Laboratories |  |
| <b>Contact Name:</b> James Socha, Maxwell Hampshire            | <b>Contact Phone #:</b> (800) 628 - 2436 |

## 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 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"/>            |

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

## EVALUATION FORM COMPLETED BY:

|  |                             |  |
|--|-----------------------------|--|
| <b>Name:</b> Gerald Devia                    | <b>Title:</b> Supervisor II | <b>Contact Phone #:</b> (954) 249 - 1814 |
| <b>School/Department:</b> Custodial Grounds  |                             |  |
| <b>Participant's Signature:</b> Gerald Devia |                             | <b>Date:</b> 7-10-18                     |