



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 #: 16-069C	Bid Title: Supply and Install Insulation Materials
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: <i>THERMA/ CONCEPTS INC</i>	Contact 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 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"/>

	1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
2.) How satisfied are you with the supplier?	<input checked="" 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 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 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 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:**

Name: <i>THEO CLARK</i>	Title: <i>A/C LEADMAN</i>	Contact Phone #: <i>(754) 321-4639</i>
School/Department: <i>PPO-9604</i>	Participant's Signature: <i>Theo Clark</i>	
Date: <i>12/19/18</i>		



# 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.

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### GENERAL INFORMATION

Bid #: 16-069C	Bid Title: Supply and Install Insulation Materials
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: <i>Thermal Concepts Inc</i>	Contact Name:
Contact Name:	Contact Phone #: ( ) -

### SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?

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Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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### SECTION 2: PRODUCT / SERVICE EVALUATION

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

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### 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: <i>Paul Smith</i>	Title: <i>Supervisor Plumbing</i>	Contact Phone #: <i>1754 321-4643</i>
School/Department: <i>PPO</i>		
Participant's Signature: <i>Paul Smith</i>	Date: <i>12-21-18</i>	