



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 #: 16-122B Bid Title: Foam Hand Soap with Dispensers
Purchase Order #: Product/Service Provided:
Supplier (Company) Name: South Florida Janitorial Supplies
Contact Name: Contact Phone #: ( ) -

SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?
Overall customer service: 1 Poor, 2 Fair, 3 Good, 4 Very Good, 5 Excellent
Delivery as scheduled or promised: 1 Poor, 2 Fair, 3 Good, 4 Very Good, 5 Excellent
2.) How satisfied are you with the supplier? 1 Not Satisfied, 2 Somewhat Satisfied, 3 Satisfied, 4 Very 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/services provided with this Bid?
Compliance with specifications: 1 Poor, 2 Fair, 3 Good, 4 Very Good, 5 Excellent
Quality as compared to similar products/services: 1 Poor, 2 Fair, 3 Good, 4 Very Good, 5 Excellent
Prices as compared to similar products/services: 1 Poor, 2 Fair, 3 Good, 4 Very Good, 5 Excellent
5.) Would you purchase this product/service again? 1 Very Unlikely, 2 Unlikely, 3 Probably, 4 Definitely

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: Ben Osborne Title: Supervisor Contact Phone #: (754) 431-7543
School/Department: Custodial/Grounds
Participant's Signature: Ben Ash Date: 2/14/19



# 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 #: 16-122B	Bid Title: Foam Hand Soap with Dispensers
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: <i>South Florida Janitorial Supplies</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 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?

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 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: <i>Israel Canales</i>	Title: <i>Supervisor</i>	Contact Phone #: <i>(754) 321-4318</i>
School/Department:	Participant's Signature: <i>Israel Canales</i>	
Date: <i>2/14/19</i>		



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> 16-122B	<b>Bid Title:</b> Foam Hand Soap with Dispensers
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> South Florida Janitorial Supplies	
<b>Contact Name:</b>	<b>Contact Phone #:</b> ( ) -

**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"/>

2.) How satisfied are you with the supplier?

	1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
	<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?

	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"/>

5.) Would you purchase this product/service again?

	1 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
	<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:**

<b>Name:</b> Gerald Devio	<b>Title:</b> Supervisor	<b>Contact Phone #:</b> (954) 249 - 1814
<b>School/Department:</b> Custodial Grounds		
<b>Participant's Signature:</b> <i>Gerald Devio</i>		<b>Date:</b> 2-14-19



# 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 #: 16-122B	Bid Title: Foam Hand Soap with Dispensers
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: SOUTH FLORIDA JANITORIAL	
Contact Name: GEORGE GROSS	Contact Phone #: ( 561 ) 848 - 7002

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

VERY SATISFIED

### EVALUATION FORM COMPLETED BY:

Name: SILVIA VALVEZAN	Title: BOOKEEPER III	Contact Phone #: (754) 321 - 4616
School/Department: CENTRAL WAREHOUSE		
Participant's Signature: <i>Silvia J. Valvezan</i>	Date: 02/26/2019	