



# 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 #:** 17-056T      **Bid Title:** Building Management and Security Systems  
**Purchase Order #:**      **Product/Service Provided:**  
**Supplier (Company) Name:** MRSE LLC dba Roth Southeast  
**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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Name: SACK SPEAR Title: BUDG CONTRACTS SPECIALIST Contact Phone #: (754) 321-4215  
School/Department: EM&S  
Participant's Signature: [Signature] Date: 8-6-19



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## SECTION 2: PRODUCT / SERVICE EVALUATION

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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: Tom Canning Title: EMS Tech Contact Phone #: (954) 821 - 0043  
School/Department: EMS  
Participant's Signature: Date: 8/6/19



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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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Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:** Dale Brockman      **Title:** HVAC Foreman      **Contact Phone #:** (754) 321-2817  
**School/Department:** PPO Zone 1  
**Participant's Signature:** *Dale Brockman*      **Date:** 8/6/19



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**GENERAL INFORMATION**

**Bid #:** 17-056T      **Bid Title:** Building Management and Security Systems  
**Purchase Order #:**      **Product/Service Provided:**  
**Supplier (Company) Name:** Design Control Inc. dba DCI Systems Group  
**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 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"/>

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	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"/>
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**SECTION 2: PRODUCT/SERVICE EVALUATION**

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**EVALUATION FORM COMPLETED BY:**

Name: SACK SPER Title: BUDG CONTROLLER SUPERVISOR Contact Phone #: (754) 321-4215  
School/Department: EH&S  
Participant's Signature: [Signature] Date: 8-6-19



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Supplier (Company) Name: Design Control Inc. dba DCI Systems Group  
Contact Name: Contact Phone #: ( ) -

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Name: Tom Cannings Title: EMS Tech Contact Phone #: (954) 821-0043  
School/Department: EMS  
Participant's Signature: *[Signature]* Date: 8/6/19



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**EVALUATION FORM COMPLETED BY:**

Name: *Dale Brackman*      Title: *HVAC Foreman*      Contact Phone #: *(754) 321-2817*  
School/Department: *PPo Zone 1*  
Participant's Signature: *Dale Brackman*      Date: *8/6/19*