

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)

GENERALI	MEERWA	TION				
Bid #: 17-056T Bid Title: Building Management and Security Systems						
Purchase Order #:	rchase Order #: Product/Service Provided:					
Supplier (Company) Name: MRSE LLC dba Roth Southea	ist					
Contact Name:		ct Phone #: ()			
SECTION 1: SUP		1401/1/101/1				
1.) How would you rate the supplier in the following	g areas?					
Overall customer service Delivery as scheduled or promised	Poor 1 Not	2 Fair	3 Good	4 Very Good	Excellent	
2.) How satisfied are you with the supplier?3.) Will you use this supplier again?	itisfied Yes	Satisfied No	Sati	sfied Ver	y Satisfied	
SECTION 2: PRODUCT			national and a series of the s			
4.) Based on the areas below, how would you rate t				with this Bid?		
Compliance with specifications Quality as compared to similar products/services Prices as compared to similar products/services	Poor	Fair	Good	Very Good	5 Excellent	
5.) Would you purchase this product/service again?	Very	Unlikely	Unlikely	Probably	Definitely	
SECTION SPEND 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.						
Name: JOH SPEAR Title: BUAG COMPLETED BY: School/Deposition of the service of th						
School/Department: EH\$ 5						
Participant's Signature:		Da	te: <i>8-</i> 0	6-19		

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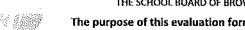
(754) 321-0505 or CLICK HERE to send us an email (include the words Supplier/Product Evaluation Form in the subject)

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	FORMATION
Bid #: 17-056T Bid Title: Building Management and	
the control of the co	Product/Service Provided:
Supplier (Company) Name: MRSE LLC dba Roth Southeast	
Contact Name:	Contact Phone #: () -
SECTION 1: SUPP	
1.) How would you rate the supplier in the following a	reas?
•	1 2 3 4 5)
	Poor Fair Good Very Good Excellent
Overall customer service	
Delivery as scheduled or promised	
	1 2 .
•	ot Somewhat 3 4 Satisfied Very Satisfied
Sati	sfied Satisfied Satisfied Very Satisfied
2.) How satisfied are you with the supplier?	
3.) Will you use this supplier again?	Yes: No:
SECTION 2: PRODUCT /	STERVICE EVALUATION
4.) Based on the areas below, how would you rate the	
	1 2 3 4 5
	Poor Fair Good Very Good Excellent
Compliance with specifications	
Quality as compared to similar products/services	
•	님 님 님 님/
Prices as compared to similar products/services	
•	1 2 3 4
5.) Would you purchase this product/service again?	Very Unlikely Unlikely Probably Definitely
2.) Assert Ann burculase ruis broductive laice againt	
SECTION 3: END L	ISER COMMENTS
Please share any additional information regarding this sup	plier 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 FORT	M COMPLETED BY:
Name: Tom Canning Title: Ems Tech	
ine com canning	Contact Phone #: (757)021 -0045
School/Department: EMS	
Participant's Signature:	Date: 8 6 19
	· · · · · · · · · · · · · · · · · · ·



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GENERAL		TION .				
Bid #: 17-056T Bid Title: Building Management and Security Systems						
Purchase Order #:		t/Service Pr	ovided:			
Supplier (Company) Name: MRSE LLC dba Roth Southe	east					
Contact Name:	AND	ct Phone #: ()		·	
SECTION 1: SU	HAND TO A PARTY OF THE PARTY OF	Anavalies.				
1.) How would you rate the supplier in the following	ng areas?					
Overall customer service Delivery as scheduled or promised	Poor 1 Not	2 Fair 	Good	Very Good	5 Excellent	
2.) How satisfied are you with the supplier?3.) Will you use this supplier again?	iatisfied Ves	Satisfied No		isfied Ver	y Satisfied	
SECTION 2: PRODUC	THE PERSON NAMED IN COLUMN	and the state of t	NAMES OF TAXABLE PARTY			
4.) Based on the areas below, how would you rate	the produ	cts/services	provided v	with this Bid?		
	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	
Compliance with specifications	П	П		Tel.		
Quality as compared to similar products/services	П		Ħ	□	H	
Prices as compared to similar products/services	Ħ					
· · · · · · · · · · · · · · · · · · ·	ليا	ᆛ	با	<u> </u>		
5.) Would you purchase this product/service again	•	Unlikely	Unlikely	Probably	Definitely	
Seation sken Please share any additional information regarding this performance is unsatisfactory, please tell us w	supplier or t	the products ,				
Name: Dale Brockman Title: HUAC For School/Department: PPOZONE / Participant's Signature: Dle Blecom.	elimieem remau	Ci	ontact Pho	ine#: (754)3	21-2817	
The solution of the solution o		Da	ie. 0/2	111		

02.2017. V. PW5 #1

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	ANEKES	MEGRAG	TION			
Bid #: 17-056T Bid Title: Building Management and Security Systems						
Purchase Order #:	Product/Service Provided:					
Supplier (Company	Name: Design Control Inc. dba De	CI Systems G	roup			
Contact Name:	TOT TO WAIT THE PROPERTY WAS EXPRESSED AND THE PROPERTY OF THE	DANGE OF THE PARTY	ct Phone #:	()		
	<u> </u>	Andrew Anna Control of the Control o	SATANION.			
1.) How would you	rate the supplier in the follow	ing areas?				:
Overall customer se Delivery as schedul	ed or promised	Poor I Not Satisfied	Fair 2 Somewha	Sat	Very Good 3 isfied Very	5 Excellent 4 Ty Satisfied
2) How satisfied a	re you with the supplier?	Satisfied /	Satisfied	, ,	<u> </u>	· 🗖
3.) Will you use thi	• •			L	ت	
5.) von you ose an		<u></u> ✓ Yes	∐ No	Silindasistasintasintasintasintasi		
	SECTION SEPTION	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	CHARLES STATES CONTRACTOR STATES			
4.) Based on the ar	eas below, how would you rate			provided	with this Bid?	
Prices as compared 5.) Would you pure Please share any ac	ecifications d to similar products/services to similar products/services hase this product/service again SEGMONSSER Iditional information regarding this ce is unsatisfactory, please tell us	17 Paulys: 146 supplier or 1	the products	Good Cood Cood	Very Good 3 Probably rovided. If this seet if necessary	Excellent A Definitely supplier's
Name: Substitution School/Department Participant's Signati	· -		Opeswor (one#: (<i>PSI</i>)?	321-4215
			<u></u>		, ,	

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	GENER	AL INFORMA	ATION			
Bid #: 17-056T	Bid Title: Building Managemen	nt and Security	Systems			
Purchase Order #:		Produc	t/Service P	rovided:		
Supplier (Company) Name: Design Control Inc. dba	DCI Systems G	iroup			
Contact Name:	·	Conta	ct Phone #:	()	-	
	REMERE	SUPPLIER EV	MOTTALLA			
1.) How would you	ı rate the supplier in the follov	wing areas?				
	·	1	2	3	4	5
	• •	Poor	Fair	Good	Very Good	Excellent
Overall customer so	ervice					
Delivery as schedul	ed or promised	П			□ a	$\overline{\Box}$
	•	1	2	• • • • • • • • • • • • • • • • • • •	<u></u>	
		Not	Somewh	at		4
		Satisfied	Satisfie	d Satis	fied Ver	y Satisfied
2.) How satisfied a	re you with the supplier?				7	П
3.) Will you use thi	s supplier again?	Yes	□ No		•••	—
	SECTION 22 PROD			ion.		
A) Based on the ar	eas below, how would you ra		A STATE OF THE PARTY OF THE PAR	······	والدائم مالماله بالمار	
4.) based on the ai	eas below, now would you la	re me brond	icts/service:	bioniges w	ntn tnis blar	
		Poor	2 Fair	o Good	Very Good	5 Excellent
Compliance with sp	sacifications	, oo,			Very Good	Excellent
·		片	片	닠/		^
	d to similar products/services			<u> </u>	\Box /	Щ
Prices as compared	to similar products/services	· · L				
			1	2	3 /	4
			y Unlikely	Unlikely	Probably	Definitely
5.). Would you pure	chase this product/service aga	in?			V	
	SECTION S:	7.11.31 113-7.07.27.	SVIVIANES.			
Please share any ad	dditional information regarding th			/ sarvicas pro	wided If this s	unnlings
	nce is unsatisfactory, please tell u			-		
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			711.0550V2111.0154457V211000000000000	(cinamic publication approximation are me	3040HI305AAWAAAAAAAAAA	
	EVALUATION	siiviviainiimiamastiivaistema				
Name: Tom Can	ains Title: EMS-	Tech	[(Contact Phor	ne#: (954)8	TI -0043
Name: Tom Can School/Department	t: FMS			_	• • • • • • • • • • • • • • • • • • • •	
Participant's Signat	IIro:			300 V	ļ., <i>—</i>	
r ar Gulpant 3 Sigitat	سند کارے اس			are: 0/6/	17	



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Bid #: 17-056T Bid Title: Building Management and Security Systems					
Purchase Order #:	· · · ·				
Supplier (Company) Name: Design Control Inc. dba DCI	Systems G	roup			
Contact Name:		ct Phone #: {	()	=	·
SECTION 4: SUI		MOLTAVILLA			
1.) How would you rate the supplier in the followin	g areas?				
Overall customer service Delivery as scheduled or promised	Poor	2 Fair 	3 Good	Very Good	5 Excellent
2.) How satisfied are you with the supplier?3.) Will you use this supplier again?	Not atisfied Tes	Somewha Satisfied No	Sati	3 sfied Ver	y Satisfied
SESTION 2: PRODUC	many opposite production of the second	name and a series of the serie	A10201202000000000000000000000000000000		
4.) Based on the areas below, how would you rate to				with this Bid?	
Compliance with specifications Quality as compared to similar products/services Prices as compared to similar products/services	Poor	Fair	3 Good	Very Good	5 Excellent
5.) Would you purchase this product/service again?		Unlikely	Unlikely	Probably	Definitely
Sizerion at any Please share any additional information regarding this significant performance is unsatisfactory, please tell us w	upplier or	the products /	/ services pr dditional sh	ovided. If this s eet if necessary	upplier's
Name: Dale Bracknew Title: HVAC Fore School/Department: PPO Zone 1 Participant's Signature: Dule Blackne	illi e e l'illi	Cı	ontact Pho	ne#: (759)3	321-2817

02.2017. V. PWS #1

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