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 <u>CLICK HERI</u>	to send us an email (inc	clude the words Sup	oller/Product Ev	aluation Form	n the subject)	
	GENERAL	INFORMATION				
Bid #: Bid Title:						
Purchase Order #:		Product/Service	ce Provided:			
Supplier (Company) Name:						
Contact Name:		Contact Phon	e #: ()	-		
	SECTION 1: SU	IPPLIER EVALUATION	ON			
1.) How would you rate the supplier in the following areas?						
		1 2 Poor Fair	3 Good	4 Very Good	5 Excellent	
Overall customer service						
Delivery as scheduled or pron			Ħ	一		
pro-				ш		
		Not Some	ewhat	3	4	
		Satisfied Satis	sfied	tisfied Ve	ry Satisfied	
2.) How satisfied are you wit	h the supplier?					
3.) Will you use this supplier	again?	Yes	lo			
SECTION 2: PRODUCT / SERVICE EVALUATION						
4.) Based on the areas below				with this Rid?)	
4.) based on the areas below	, now would you rate	tile products/serv	vices provided	with this blu:		
		Poor Fair	Good	Very Good	5 Excellent	
Compliance with specification			J000			
·		H	片		片	
Quality as compared to similar			닏	닏	닏	
Prices as compared to similar	products/services					
		1	2	3	4	
		Very Unlike	ly Unlikely	Probably	Definitely	
5.) Would you purchase this	product/service again	1?				
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 F	ORM COMPLETED	BY:			
Name:	Title:		Contact Ph	one #: ()	-	
School/Department:	·		·			
Participant's Signature:	Eller		Date:			

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	CENTERAL	INFORMATION	pp, 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Did # 5/20 074 Did			0.61 6		
	Title: Locksmith Services and			es	
Purchase Order #:			vice Provided:		
	ne: Miami Downtown Locksm				
Contact Name:		Contact Pho		-	
	SECTION 1: SU	IPPLIER EVALUAT	TION		
1.) How would you rate	the supplier in the followi	ng areas?			
		1 2	3	4	5
		Poor Fa	i <u>r</u> G <u>oo</u> d	Very Good	Excellent Excellent
Overall customer service				V	
Delivery as scheduled or	promised				
,			2	ت	ш
		Not Son	- newhat	3	4
			Sat tisfied	isfied Ver	y Satisfied
2.) How satisfied are yo	u with the supplier?			✓	П
3.) Will you use this sup		Yes 🗆	No I	<u>·</u>	
or, trui you use time oup					
SECTION 2: PRODUCT / SERVICE EVALUATION					
4.) Based on the areas k	pelow, how would you rate	the products/se	rvices provided	with this Bid?	
		1 2	3	4	5
		Poor Fa	ir Good	Very Good	Excellent
Compliance with specific	cations			✓	
Quality as compared to	similar products/services		1	V	
Prices as compared to si	milar products/services		i		一
i rices as compared to si	illiai products/scrvices			2	
		Very Unlik	cely Unlikely	Probably	Definitely
5.) Would you purchase	this product/service agair	•			
or, reduce you purchase	tino product, ser rice again	" Ц		Ш	
	SECTION 3: EN	ID USER COMME	NTS		
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: J. Scott Windsor	Title: Foreman Loc	ksmith	Contact Ph	one #: (954) {	805 - 1060
School/Department: PPO District Maintenance					
Participant's Signature:	John S Windsor		Date: 08 MA	AY 2020	

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Supplier (Company)	Name:					
Contact Name:		Contact Phon	e #: ()	-		
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1.) How would you rate the supplier in the following areas?						
		1 2 Poor Fair	3 Good	4 Very Good	5 Excellent	
Overall customer se	rvice					
Delivery as schedule	ed or promised			一	一	
T T		1		_		
			ewhat Sat	्र :isfied Ve	4 ry Satisfied	
2.) How satisfied ar	e you with the supplier?	Satisfied Satis	sfied July			
3.) Will you use this		Yes N				
or, rem you use time						
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 sp	ecifications					
Quality as compared	d to similar products/services					
Prices as compared to similar products/services				\Box		
			2	3	4	
		Very Unlike	ly Unlikely	Probably	Definitely	
5.) Would you purc	hase this product/service again	1?				
	SECTION 2: EN	ND LISED COMMEN	ITS			
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.						
<u> </u>	,, <u>,</u> , ,				,	
	EVALUATION I	FORM COMPLETED	BY:			
Name:	Title:		Contact Ph	one #: ()	-	
School/Department	^					
Particinant's Signati	ure: Trul Smith	\	Date:			

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