



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 #: 17-142R | Bid Title: Debris Monitoring Services for Natural Disasters |
| Purchase Order #: | Product/Service Provided: |
| Supplier (Company) Name: Witt O'Brien's, LLC | |
| 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 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 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: Theresa Coleman | Title: Admin Assist, Dept. Confidential | Contact Phone #: (754) 321 - 1900 |
| School/Department: Risk Management | | |
| Participant's Signature: | | Date: 04/17/2020 |