



# 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

<b>Bid #:</b>	<b>Bid Title:</b>
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b>	
<b>Contact Name:</b>	<b>Contact Phone #: ( ) -</b>

### 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"/>				
Delivery as scheduled or promised	<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 type="checkbox"/>
3.) Will you use this supplier again?	<input 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"/>				
Quality as compared to similar products/services	<input type="checkbox"/>				
Prices as compared to similar products/services	<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 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>	<b>Title:</b>	<b>Contact Phone #: ( ) -</b>
<b>School/Department:</b>		
<b>Participant's Signature:</b>		<b>Date:</b>



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### GENERAL INFORMATION

<b>Bid #:</b> FY20-074	<b>Bid Title:</b> Locksmith Services and Window Hardware & Shutter Services
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> Miami Downtown Locksmith Inc	
<b>Contact Name:</b>	<b>Contact Phone #:</b> (    )    -

### 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"/>

  

	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 checked="" type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

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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"/>

  

	1	2	3	4
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### EVALUATION FORM COMPLETED BY:

<b>Name:</b> J. Scott Windsor	<b>Title:</b> Foreman Locksmith	<b>Contact Phone #:</b> (954) 805 - 1060
<b>School/Department:</b> PPO District Maintenance		
<b>Participant's Signature:</b> John S Windsor		<b>Date:</b> 08 MAY 2020



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### EVALUATION FORM COMPLETED BY:

<b>Name:</b>	<b>Title:</b>	<b>Contact Phone #: ( ) -</b>
<b>School/Department:</b>		
<b>Participant's Signature:</b> <i>Paul Smith</i>	<b>Date:</b>	