



# 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 #:** 18-002V      **Bid Title:** Healthcare Services

**Purchase Order #:**      **Product/Service Provided:** Healthcare Services

**Supplier (Company) Name:** CR & RA Investments - Integrity Healthcare Services

**Contact Name:** Ryan Ross/Accounts Manager/ Liaison      **Contact Phone #:** (954) 485 - 4805

### 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 type="checkbox"/> | <input checked="" type="checkbox"/> |

3.) Will you use this supplier again?       Yes       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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality as compared to similar products/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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                                   |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | 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:** Sheila Oneal-Brown      **Title:** Clinical Nursing Supervisor      **Contact Phone #:** (754) 321 - 1575

**School/Department:** Coordinated Student Health Services

**Participant's Signature:** *Sheila Oneal-Brown*      **Date:** 05/21/2020



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## GENERAL INFORMATION

|  |   |
|--|---|
| Bid #: 18-002V                           | Bid Title: Healthcare Services                |
| Purchase Order #:                        | Product/Service Provided: Healthcare Services |
| Supplier (Company) Name: Sierra Lifecare |   |
| Contact Name: Chad Rabone/Administrator  | Contact Phone #: (954) 741 - 8160             |

## SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?

|                                   | 1<br>Poor                | 2<br>Fair                | 3<br>Good                | 4<br>Very Good           | 5<br>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<br>Not Satisfied                      | 2<br>Somewhat Satisfied     | 3<br>Satisfied           | 4<br>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<br>Poor                | 2<br>Fair                | 3<br>Good                | 4<br>Very Good                      | 5<br>Excellent           |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Compliance with specifications                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality as compared to similar products/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Prices as compared to similar products/services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|  | 1<br>Very Unlikely       | 2<br>Unlikely            | 3<br>Probably            | 4<br>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: Sheila Oneal-Brown                               | Title: Clinical Nursing Supervisor | Contact Phone #: (754) 321 - 1575 |
| School/Department: Coordinated Student Health Services |                                    |                                   |
| Participant's Signature:                               |                                    | Date: 05/21/2020                  |