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)

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	LINFORMA	II(G)/							
Bid #: 18-002V Bid Title: Healthcare Services									
Purchase Order #:	2 2 2 2 2 2 2 2 2.		,	althcare Service	\$				
Supplier (Company) Name: CR & RA Investments - Integrity Healthcare Services									
Contact Name: Ryan Ross/Accounts Manager/ Liaison	umanasan ana markin kalawa maanaa	ct Phone #:	(954)485	- 4805					
SECTION 1:SL		(/de/:/de(9)/	e i principalità di la compania di l		a contract d				
1.) How would you rate the supplier in the following	ng areas?								
	1	2	3	4	5				
	Poor	Fair	Good	Very Good	Excellent				
Overall customer service				V	Ш				
Delivery as scheduled or promised				V					
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	Not	Somewha	it Sati	s sfied Ver	y Satisfied				
•	Satisfied	Satisfied			, <i>Juli</i> 311Cu				
2.) How satisfied are you with the supplier?					✓				
3.) Will you use this supplier again?	✓ Yes	No							
SECTION 2: PRODU	 en/Servic	EJEVALLUAYI	(ON)						
4.) Based on the areas below, how would you rate the products/services provided with this Bid?									
- The based on the dicas balany hor modice you rate	1	2	3	4	5				
	Poor	Fair	Good	Very Good	Excellent				
Compliance with specifications									
Quality as compared to similar products/services									
	님		<u></u>	[<u>v</u>	片				
Prices as compared to similar products/services		الل	<u></u>	<u>~</u>					
·		1	2	3	4				
E V Maraulal way wayshare this much set forming maning	•	Unlikely	Unlikely	Probably	Definitely				
5.) Would you purchase this product/service again	ir				V				
SECTION'S EN	D) 8 [5] 2 (4 (e)	MMENTS							
Please share any additional information regarding this			/ services pr	ovided. <mark>If this</mark> s	upplier's				
performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.									
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EVALUATION F			5.444.44.44.44.44.44.44.44.44.44.44.44.4						
Name: Sheila Oneal-Brown Title: Clinical Nursi	ng Supervisc		Contact Pho	one #: (754) 3	321 - 1575				
	ng Supervisc		Contact Pho	one #: (754) 3	321 - 1575				
Name: Sheila Oneal-Brown Title: Clinical Nursi	ng Supervisc	or C	Contact Pho		321 - 1575				

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GENERAL	INFORMATIO	M								
Bid #: 18-002V Bid Title: Healthcare Services										
Purchase Order #:	Product/S	ervice Pro	videđ: He	althcare Service	s					
Supplier (Company) Name: Sierra Lifecare										
Contact Name: Chad Rabone/Administrator	Contact F	hone #: (\$	954)741	- 8160						
SECTION 1: SUI	PREPERTE	JAMES N								
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					V					
Delivery as scheduled or promised			П		V					
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S.	atisfied	Satisfied	Sat	isneu ver	y Satisfied					
2.) How satisfied are you with the supplier?			[
3.) Will you use this supplier again?	V Yes □	No	_		 :					
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SECTION 2: PRODUCT/SERVICE EVALUATION 4.) Based on the areas below, how would you rate the products/services provided with this Bid?										
4.) Based on the areas below, now would you rate	trie products,	, sei vices p 2	3:	W(t) t(1)5 δ(0);	E :					
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Compliance with specifications	m									
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Quality as compared to similar products/services	닏	片	H							
Prices as compared to similar products/services				<u>~</u>						
	1		2	3	4					
	Very U	nlikely -	Jnlikely	Probably	Definitely					
5.) Would you purchase this product/service again?	' <u>L</u>	╛	<u> </u>	<u> </u>	V					
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Please share any additional information regarding this s		AND COMPANY OF THE PROPERTY OF	services p	rovided. If this s	upplier's					
performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.										
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EVALUATION FO	Company of the Company of the Company									
Name: Sheila Oneal-Brown Title: Clinical Nursin	Company of the Company of the Company		ntact Pho	one #: (754) 3	321 - 1575					
	g Supervisor		ntact Pho	one #: (754) 3	321 - 1575					