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 (inc	clude the words Suppl i	er/Product Evalu	iation Form in	the subject)
	GENERAL	INFORMATION			
Bid #: 16-122B	Bid Title: Foam Soap with Dispen	sers			
Purchase Order #:		Product/Service	Provided: Foan	n Soap with Di	spensers
Supplier (Company	y) Name: South Florida Janitorial an	d Pool Supply			
Contact Name: Geo	orge Gross	Contact Phone	#: (561)848	- 7002	
	SECTION LEGI	IPPLIER EVALUATIO	Ú		40.00
1.) How would you	u rate the supplier in the followi	ng areas?			
		1 2	3	4	5 :
		Poor Fair	Good	Very Good	Excellent
Overall customer s	ervice				
Delivery as schedu	led or promised		П		ÍZÍ
:		1 2	3II		,
: :		Not Somew	hat 5		4
		Satisfied Satisfi	ed Satis	ried ver	y Satisfied
2.) How satisfied a	are you with the supplier?		· · · · ·]	N .
3.) Will you use th	is supplier again?	Yes No		_	7-
		GIVASERVIGEREVARU			*****
41 Desert en the e				ish ship Dido	
4.) based on the a	reas below, how would you rate	the products/services	es broviaea w	itti tiis biur	_
:		Poor Fair	Good	4 Very Good	5 Excellent
Compliance with s	nacifications			T T	
<u> </u>	ed to similar products/services			ᆜ	닠
Prices as compared	d to similar products/services		Ш	Ш	
		1	2	3	4
		Very Unlikely	Unlikely	Probably	Definitely
5.) Would you put	rchase this product/service again	" L		Ш	DX
	348301618683	ND USER COMMENT	•		•
Please share any a	additional information regarding this			ovided. If this s	upolier's
	ince is unsatisfactory, please tell us				
•		•			
Very SA	his fied with this	MENIMA,			
1	4.1.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Section 11 th 11 t			
		FORM COMPLETED E			
Name: Silvin VI	nlvezau Title: bookkeep	erl Budget	Contact Pho	ne#: (석년) ;	521-4616
School/Departmen	nt: CENTAAL WARI	EHOUSE.		1	
Participant's Signa	17. 3		Date: (1)	103/20	
i arcicipant s signa	iture: Alive W. M. M.	Pattu	· v.v	100100	

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GENERAL	INIE@RIMA	41(0)/j					
Bid #: 16-122B Bid Title: Foam Soap with Dispens	iers						
Purchase Order #:			ovided: Fo	am Soap with D	ispensers		
Supplier (Company) Name: South Florida Janitorial and Pool Supply							
Contact Name: George Gross Contact Phone #: (561)848 - 7002							
SECTION 1: SUPPLIER EVALUATION							
1.) How would you rate the supplier in the following areas?							
	1	2	3	4	5		
Overall customer service	Poor	Fair	Good	Very Good	Excellent		
		<u></u>	Ι <u>Υ</u>				
Delivery as scheduled or promised		Ц	V	L			
	1 Not	2 Somewha		3	4		
s	atisfied	Satisfied	` Sat	isfied Ver	y Satisfied		
2.) How satisfied are you with the supplier?			,	√			
3.) Will you use this supplier again?	☐Yes						
SECTION 2: PRODUC			(A)				
SECTION 2: PRODUCT / SERVICE EVALUATION 4.) Based on the areas below, how would you rate the products/services provided with this Bid?							
the distance of the distance o	1	2	3	A A	5		
	Poor	Fair	Good	Very Good	Excellent		
Compliance with specifications			V				
Quality as compared to similar products/services	同		刁	\Box			
Prices as compared to similar products/services	Ħ			 			
	Local	1	2	<u>ы</u> 3	4		
	Ven	y Unlikely	Unlikely	Probably	Definitely		
5.) Would you purchase this product/service again	?			abla			
. Company	B WGPB &				—		
SECTION 3: EN Please share any additional information regarding this:			/ carvicas n	rovidad Ifthic	unnlier's		
performance is unsatisfactory, please tell us w	supplied of	me products	, acivices b				
	<u>/hy. You m</u>	ay attach an a	dditional sl	heet if necessary	/. •		
	<u>/hy.</u> You m	ay attach an a	dditional sl	neet if necessary	/· •		
	<i>r</i> hy. You m	ay attach an a	dditional sl	neet if necessary	<i>l</i>		
EVALLATIONE			dditional sl	neet if necessary	/· •		
Name: Ban Oshorna Title: supervisor		Pratanska					
Name: Ben Osborne Title: Supervisor		Pratanska		neet if necessary			
		IPLETTED BYA C		one #: (954) !			



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GENERAL	and an electrical participation of the second	TION						
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Purchase Order #:			ovided: Fo	m Soap with D	ispensers			
Supplier (Company) Name: South Florida Janitorial and	·····							
Contact Name: George Gross		ct Phone #: •	(561)848	3 - 7002				
SECTION 1: SUPPLIER EVALUATION								
1.) How would you rate the supplier in the following	g areas?							
Overall customer service Delivery as scheduled or promised	Poor I 1 Not extisfied	2 Fair 2 Somewha	te?	4 Very Good 3 isfied Ver	5 Excellent ————————————————————————————————————			
2.) How satisfied are you with the supplier?	rtisileu 	Jalisheu	Г	Σ 1				
3.) Will you use this supplier again?			k		<u>L</u>			
	X Yes	∐ No						
SECTION 2: PRODUC			***************************************					
4.) Based on the areas below, how would you rate t	he produ	cts/services	provided ¹	with this Bid?				
Compliance with specifications Quality as compared to similar products/services Prices as compared to similar products/services	Poor	2 Fair — — — — 1	3 Good X X X	4 Very Good	5 Excellent			
5.) Would you purchase this product/service again?	Very	Unlikely	Unlikely	Probably	Definitely			
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: Israel Canales Title: Supervisor Contact Phone #: (754) 331 - 4318 School/Department: Cutodial Grounds Participant's Signature: Date: 1/10/2020								