



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 #: 16-107T	Bid Title: Bleacher Repair Services																														
Purchase Order #:	Product/Service Provided: All Bleacher repairs																														
Supplier (Company) Name: Lyle Bleachers Inc.																															
Contact Name: David Lyle	Contact Phone #: (813) 968 - 3629																														
SECTION 1: SUPPLIER EVALUATION																															
1.) How would you rate the supplier in the following areas?																															
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Lyle Bleachers is a responsive vendor. They have held their labor rates fixed during this bid, but pricing for metal repair materials has increased as a result of recent trade tariffs.																															
EVALUATION FORM COMPLETED BY:																															
Name: David Mammel	Title: Supervisor II																														
Contact Phone #: (954) 778 - 9981																															
School/Department: Custodial/Grounds Department																															
Participant's Signature:	Date: 02/28/2020																														



# 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.

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Sunrise, Florida 33351

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(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> 16-107T	<b>Bid Title:</b> Bleacher Repair Services
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> Charron Sports Services, Inc.	
<b>Contact Name:</b> Matt Kinight	<b>Contact Phone #:</b> ( 864 ) 261 - 6750

## 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"/>
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3.) Will you use this supplier again?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?

	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.

Charron Sports is the primary awardee for repair of basketball backstops. In 2016, PPO updated this bid and inserted fixed pricing line items for typical basketball backstop repairs - which has resulted in substantial savings to the district.

## EVALUATION FORM COMPLETED BY:

<b>Name:</b> David Mammel	<b>Title:</b> Supervisor II	<b>Contact Phone #:</b> (954) 778 - 9981
<b>School/Department:</b> Custodial/Grounds Department		
<b>Participant's Signature:</b> 	<b>Date:</b> 02/28/2020	





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THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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## GENERAL INFORMATION

<b>Bid #:</b> 16-107T	<b>Bid Title:</b> Bleacher Repair Services
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b> Bleacher Repair
<b>Supplier (Company) Name:</b> Lyle Bleachers Inc.	
<b>Contact Name:</b> Jeff/David Lyle	<b>Contact Phone #:</b> ( ) -

## SECTION 1: SUPPLIER EVALUATION

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

	1 Poor	2 Fair	3 Good	4 Very Good	5 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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 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 Poor	2 Fair	3 Good	4 Very Good	5 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 Very Unlikely	2 Unlikely	3 Probably	4 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:

<b>Name:</b> Frank Neff	<b>Title:</b> Foreman	<b>Contact Phone #:</b> (754) 321 - 1460
<b>School/Department:</b> PPO, Zone 2		
<b>Participant's Signature:</b>		<b>Date:</b> 03/03/2020



**PROCUREMENT & WAREHOUSING SERVICES**  
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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GENERAL INFORMATION																															
Bid #: 16-107T	Bid Title: Bleacher Repair Services																														
Purchase Order #:	Product/Service Provided: <i>Indoor Eq Repair</i>																														
Supplier (Company) Name: Charron Sports Services, Inc.																															
Contact Name:	Contact Phone #: ( ) -																														
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EVALUATION FORM COMPLETED BY:																															
Name: <i>Gustavo Joseph Brincat</i>	Title: <i>Foreperson</i>																														
School/Department: <i>Custodial Groups</i>	Contact Phone #: <i>(754) 321-4509</i>																														
Participant's Signature: <i>Gustavo J Brincat</i>	Date: <i>3/3/2020</i>																														



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Purchase Order #:	Product/Service Provided: <i>Outdoor Repair</i>																														
Supplier (Company) Name: Lyle Bleachers Inc.																															
Contact Name:	Contact Phone #: ( ) -																														
SECTION 1: SUPPLIER EVALUATION																															
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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?																															
	<table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td></td> <td>Poor</td> <td>Fair</td> <td>Good</td> <td>Very Good</td> <td>Excellent</td> </tr> <tr> <td>Compliance with specifications</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Quality as compared to similar products/services</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Prices as compared to similar products/services</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		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"/>
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	Poor	Fair	Good	Very Good	Excellent																										
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	<table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td>Very Unlikely</td> <td>Unlikely</td> <td>Probably</td> <td>Definitely</td> </tr> <tr> <td>5.) Would you purchase this product/service again?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		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"/>															
	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. <u>If this supplier's performance is unsatisfactory, please tell us why.</u> You may attach an additional sheet if necessary.																															
EVALUATION FORM COMPLETED BY:																															
Name: <i>Custodian Barnett</i>	Title: <i>Foreperson</i>																														
School/Department: <i>Custodial Grounds</i>	Contact Phone #: <i>(754) 321-4509</i>																														
Participant's Signature: <i>Suzanne Barnett</i>	Date: <i>2/3/2020</i>																														





# 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> 16-107T	<b>Bid Title:</b> Bleacher Repair Services
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> Lyle Bleachers 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 Poor	2 Fair	3 Good	4 Very Good	5 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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 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 Poor	2 Fair	3 Good	4 Very Good	5 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 Very Unlikely	2 Unlikely	3 Probably	4 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:

<b>Name:</b> James Rechkemmer	<b>Title:</b> carpenter/mason foreman	<b>Contact Phone #:</b> (754) 321 -2927
<b>School/Department:</b> PPO Zone 3 / Capital projects		
<b>Participant's Signature:</b> 		<b>Date:</b> 02/28/2020



# PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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Sunrise, Florida 33351

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(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> 16-107T	<b>Bid Title:</b> Bleacher Repair Services
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> Lyle Bleachers 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 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 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		

## SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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> RICHARD SLUSSER	<b>Title:</b> FOREMAN	<b>Contact Phone #:</b> (754) 321 - 2812
<b>School/Department:</b> ZONE 1		
<b>Participant's Signature:</b> <i>[Signature]</i>		<b>Date:</b> 3/3/2020





# PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

# Supplier/Product Evaluation Form

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7720 West Oakland Park Boulevard, Suite 323  
Sunrise, Florida 33351

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(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> 16-107T	<b>Bid Title:</b> Bleacher Repair Services
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> Charron Sports Services, 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 Poor	2 Fair	3 Good	4 Very Good	5 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"/>

2.) How satisfied are you with the supplier?

	1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 Poor	2 Fair	3 Good	4 Very Good	5 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"/>

5.) Would you purchase this product/service again?

	1 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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> Ron Eggenberger	<b>Title:</b> Grounds Manager	<b>Contact Phone #:</b> (754) 321 - 4317
<b>School/Department:</b> PPO Custodial/Grounds		
<b>Participant's Signature:</b>		<b>Date:</b> 03/03/2000