



**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 #: 16-113T Bid Title: Recycling Services  
Purchase Order #: Product/Service Provided:  
Supplier (Company) Name: Coastal Waste and Recycling  
Contact Name: Rob Ellis Contact Phone #: (754) 322 - 1918

**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 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	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		

**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 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	2	3	4
	Very Unlikely	Unlikely	Probably	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:**

Name: Rob Ellis Title: Building Operation Contact Phone #: (754) 322 -1918  
School/Department: Plantation High School  
Participant's Signature: *Rob Ellis* Date:



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### GENERAL INFORMATION

Bid #: 16-113T Bid Title: Recycling Services Product/Service Provided:  
Purchase Order #: Supplier (Company) Name: Coastal Waste and Recycling  
Contact Name: Brian Peart Contact Phone #: (754) 321 - 1950

### 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 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	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	

### 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 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	2	3	4
	Very Unlikely	Unlikely	Probably	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:

Name: Brian Peart Title: B.O.S. Contact Phone #: (564) 553 -4226  
School/Department: South Plantation High  
Participant's Signature: *Brian Peart* Date: 2-26-20



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**GENERAL INFORMATION**

Bid #: 16-113T Bid Title: Recycling Services  
Purchase Order #: Product/Service Provided:  
Supplier (Company) Name: Coastal Waste and Recycling  
Contact Name: Contact Phone #: ( ) -

**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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delivery as scheduled or promised | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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                        | 2                                   | 3                        | 4                        | 5                        |
|  | Poor                     | Fair                                | Good                     | Very Good                | Excellent                |
| Compliance with specifications                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality as compared to similar products/services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prices as compared to similar products/services  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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:**

Name: Darryl McCoy Title: Head of Facilities Contact Phone #: (954) 323-4055  
School/Department: Pinas Middle School  
Participant's Signature: [Signature] Date: 1-27-20