

Subcontractor Evaluation Form - Service

Subcontractor Name: _____

S/C Number: _____

D/S _____

Date _____

Areas of Evaluation	Elements to Consider	Grade
A) Environment, Safety and Health	<ul style="list-style-type: none"> • Accident and injury record on this job • Adherence to company safety program • Adherence to the hazard analysis document • Mandatory training completed • Training records management • Compliance with safety standards, rules and regulations during field work activities • Observations of work activities • Use of PPE when needed 	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
B) Performance and Quality	<ul style="list-style-type: none"> • Adequate supervisory oversight and-in-process inspections • Completes contracted work on time, and within the required acceptable quality standard. Strives for continuous improvement. Accepts change willingly. • Determines level of customer satisfaction and reacts accordingly • Quality work process records management • Provides documentation as required for all work scope changes- 	<input type="checkbox"/> Exceptional Performance <input type="checkbox"/> Adequate performance <input type="checkbox"/> Marginally acceptable performance. <input type="checkbox"/> Not recommended for future work consideration

Would you like to have a letter of recognition be sent to this subcontractor? YES NO

Remarks: _____

Print Name _____ Date _____ Signature _____

Distribution: Procurement Administrator
 Requisitioner
 File