

**CONTRACTOR PERFORMANCE RATING (May 2020)**

<b>Contractor/Company Name</b>	<b>Resource Type and Equipment ID</b> (Engine/Dozer/Water Tender/etc.)	<b>Fire Name and Number</b>
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<b>Agreement Number</b>	<b>Equipment Resource Order #</b>	<b>Dates covered by this evaluation</b>
<b>Contracting Officer Name</b>		

**Evaluation Form Instruction:** The intent of this form is to communicate information from the incident to contracting officers, contracting officer representatives and administrators. Please ensure that contact information is correct and **LEGIBLE** so that follow up communication is possible, when needed. This form is available for use by any government representative that interacts with vendors (IE: fire line supervisors, dispatchers, finance sections, inspectors, etc.)

**In Summary:**

- ✓ Check either SATISFACTORY or UNSATISFACTORY for each question.
- ✓ Use the space allowed to provide a short synopsis or bullet-points, as needed. A narrative/justification is **not** necessary for vendors that were rated Satisfactory in all categories on this evaluation. Additional pages can be used as need.

**Quality of Service:** Was the Vendor's *Quality of Service* (knowledge of the job, physical condition of personnel, attitude, decisions under stress, initiative, use of safe practices, crew organization, performance of resource, equipment organization/reliability, and supervisory performance) satisfactory on this incident?

SATISFACTORY                       UNSATISFACTORY

Narrative/justification:

**Timeliness:** Did the Contractor arrive when instructed and complete assigned work in a timely and satisfactory manner while on the incident?

SATISFACTORY                       UNSATISFACTORY

Narrative/justification:

**Business Relations:** Did the Contractor complete administrative work as required (IE: check in, finance and demob) and conduct themselves in a professional and satisfactory manner while on the incident?

SATISFACTORY                       UNSATISFACTORY

Narrative/justification:

Rated by (Government signature):	Home Unit Phone Number and Address:	Date:
Printed Name / Position on Incident:		

**Contractor Comments:**

Resource Operator/Lead (Signature):	Printed Name: Phone Number:	Date:
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