Subcontractor Evaluation Form- Service

Subcontractor Name: _____

S/C Number: _____

D/S _____ **Date** _____

Areas of Evaluation	Elements to Consider	Grade
A) Environment, Safety and Health	• 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	☐ Acceptable ☐ Unacceptable
B) Performance and Quality	• 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.	☐ Exceptional Performance ☐ Adequate performance ☐ Marginally acceptable performance. ☐ Not recommended for future work consideration

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

Remarks: _____

_____

_____

_____

_____

Name **Title** **Signature**

Distribution: Contract Administrator, Requisitioner, File