

**LC Goldmine Stewardship First Thinning
Attachment 2**

PRESENT/PAST PERFORMANCE QUESTIONNAIRE

You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax attention to Steve Wilhelm at (803) 637-5247 by 4:30 PM on July 16,2015 .

SECTION A: CONTRACTOR INFORMATION

- 1) Contractor's Name and Address: _____

- 2) Point of Contact: _____
- 3) Phone #: _____
- 4) Contract Number: _____ Contract Type: _____
- 5) Project Title: _____
- 6) Period of Performance: _____
- 7) Brief Description/Scope of Services provided: _____
- 8) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.

Signature of Authorized Contractor Representative

Date

Printed Name and Title of Authorized Contractor Representative

SECTION B: RESPONDENT INFORMATION:

- A. Name: _____
- B. Position: _____
- C. Telephone Number: _____ Fax Number: _____
- D. Address: _____

- E. Relationship and Time Involved with Contractor: _____
- F. Date Questionnaire Completed: _____

E	A	N	M	U
Exceptional	Acceptable	No Rating	Marginal	Unacceptable

Contract Performance		E	A	N	M	U
1.	Working relationship with your Company	E	A	N	M	U
2.	Did the contractor provide experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements? If no, please explain.	Yes	No		N/A	
3.	Exhibited knowledge of and compliance with government (or other) regulations and industry standards	E	A	N	M	U
4.	Did the contractor provide and properly maintain operational equipment throughout the term of the contract? If no, please explain.	Yes	No		N/A	
5.	Did the contractor demonstrate the ability to hire, maintain, and replace, if necessary qualified personnel during the contract? If no, please explain.	Yes	No		N/A	
6.	Does the contractor provide timely and accurate records?	Yes	No		N/A	
7.	How well did the contractor comply with Environmental, Safety, health and security requirements	E	A	N	M	U
8.	Would you award similar contracts to this contractor (If no, Please explain in remarks)	Yes	No		N/A	
9.	Contractor's Overall Performance	E	A	N	M	U
Quality of Service/Control						
1.	Contractor's accomplishment in meeting the quality standards	E	A	N	M	U
2.	Did the contractor provide an effective quality control plan or inspection procedures to meet contract requirements? If no, please explain.	Yes	No		N/A	
3.	Overall Quality of Service/Control	E	A	N	M	U
Timeliness						
1.	Was the job/contract started and completed on time?. If not, explain	Yes	No		N/A	
2.	Did the contractor have a system or method to track progress on all work in progress?	Yes	No		N/A	

REMARKS: If additional remarks are necessary, please attach an additional sheet.
