

**PAST PERFORMANCE QUESTIONNAIRE – Mine Creek Stewardship Contract**

*You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax to attention of Ray Yelverton at (501) 321-5399 or mail directly to: USDA Forest Service, Ouachita NF, Attn: Ray Yelverton, P.O. Box 1270, Hot Springs, AR 71902. Must be received by Ray Yelverton by 4:30 P.M. local time on September 22, 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

<b>Contract Performance (Please circle your response)</b>						
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 in Remarks)	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 in Remarks)	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 in Remarks)	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
<b>Quality of Service/Control (Please circle your response)</b>						
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
<b>Timeliness (Please circle your response)</b>						
1.	Was the job/contract started and completed on time? (If no, please explain in Remarks)	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.

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