

DOCUMENT 00439



Final Report

Interim Report

CONTRACTOR PROJECT EVALUATION FORM

For instructions on using this form, see Engineering Directive E-10-002, Dated 4/20/2010

Date: _____

City/Town: _____ Contractor: _____

Project: _____ Address: _____

F.A. No: _____ Contract Number: _____

Bid Price: _____ Notice to Proceed: _____

Funds: State: _____ Fed Aid: _____ Current Contract Completion Date: _____

Date Work Started: _____ Date Work Completed*: _____

Contractor's Superintendent: _____

Division: (indicates class of work) Highway: _____ Bridge: _____ Maintenance: _____

*If work was NOT completed within specified time (including extensions) give reasons on following page.

	Excellent 10	Very Good 9	Average 8	7	Fair 6	5	Poor 4	% Rating
1. Workmanship								x 2=
2. Safety								x 2=
3. Schedule								x 1.5=
4. Home Office Support								x 1=
5. Subcontractors Performance								x 1=
6. Field Supervision/ Superintendent								x 1=
7. Contract Compliance								x 0.5=
8. Equipment								x 0.5=
9. Payment of Accounts								x 0.5=
(use back for additional comments)								Overall Rating:

(Give explanation of items 1 through 9 on the following page in numerical order if overall rating is below 80%. Use additional sheets if necessary.)

District Construction Engineer's Signature/Date

Resident Engineer's Signature/Date

Contractor's Signature Acknowledging Report/Date

Contractor Requests Meeting with the District: No Yes Date Meeting Held: _____

Contractor's Comments/Meeting Notes (extra sheets may be added to this form and noted here if needed): _____

