

Contract No.: _____ **Division:** _____ **District:** _____ **Report Type:** _____

Project Title: _____

Project Type: _____

Contractor Name: _____

Evaluation Date: _____

Rating Criteria Worksheet for Contractor Performance-Based Rating

Rate criterion as S for Satisfactory or U for Unsatisfactory. Leave criterion blank if it is not applicable.

1. Project Management

	A. Began work within 10 days of Notice to Proceed
	B. Timely submission of submittals, including material sources and shop drawings
	C. Attended pre-construction meeting, E&S/environmental pre-construction meeting, progress meetings, semi-final and final inspections and utility coordination meetings
	D. Was not issued a notice of default
	E. Required notifications were timely (TMC alerts, holiday work requests, M&R testing, etc.)

2. Public Relations/Good Neighbor

	A. Communication and tactful interaction with the public/property owners
	B. Responsiveness to legislator/public concerns and questions

3. Scheduling/On-Time Completion

	A. Timely submission of contract schedule
	B. Timely submission of schedule updates and two week schedules
	C. Followed approved contract schedule and sequence of construction
	D. Milestones were met
	E. Timely completion of punch list
	F. On time completion of project (contract time plus approved time extensions)

4. Quality of Work

	A. Materials met/exceeded specifications
	B. No significant removal/replacement work required
	C. No significant DeIDOT deductions for cost of lost service life

5. Subcontractors

	A. Timely submission of subcontractor agreements
	B. Timely payment of subcontractors

6. EEO/Davis Bacon Act/DBE Compliance

	A. Timely submission of certified payrolls
	B. DBE goal (with approved changes if applicable) was met
	C. Compliant with Labor Laws

7. Erosion & Sediment Control Compliance

	A. Non-compliances were corrected in accordance with specifications
	B. No notices of violations, penalties or fines were assessed

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8. Environmental Compliance

- | | |
|--|---|
| | A. All permit requirements were followed unless otherwise approved |
| | B. No occurrences of non-permitted impacts unless otherwise approved |
| | C. No work performed during restricted time periods unless otherwise approved |

9. Maintenance of Traffic

- | | |
|--|--|
| | A. No delays in picking up lane closures unless otherwise approved |
| | B. No road user costs were assessed |
| | C. Adhered to work hour restrictions for holidays, weekends, events, etc. per contract unless otherwise approved |
| | D. Maintained signage and MOT equipment |

10. Safety

- | | |
|--|---|
| | A. Timely correction of safety issues |
| | B. Responded to after hour emergencies (within 24 hours per DeIDOT Spec 105.13) |
| | C. No significant OSHA violations |

Summary: _____ % Satisfactory

_____	_____	_____
Project Resident Name	Project Resident Signature	Date
_____	_____	_____
Project Manager II Name	Project Manager II Signature	Date
_____	_____	_____
Assistant Director Name	Assistant Director Signature	Date

Accept	
Request Meeting	

Rated Contractor Rep. Name

Rated Contractor Rep. Signature

Date

Reason for Meeting Request: