

Report

Contract No.: _____ Division: _____ District: _____ 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 |

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

Project Title: _____

Project Type: _____

Contractor Name: _____

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: