

RETURN COMPLETED FORM TO:
 DEPARTMENT OF THE INTERIOR
 AVIATION MANAGEMENT
 4405 LEAR COURT
 ANCHORAGE, ALASKA 99502-1032
 Fax 907-271-4788 - Questions, call 907-271-6061

**EVALUATION REPORT ON
 CONTRACTOR PERFORMANCE**

SOURCE SELECTION INFORMATION
NOT FOR PUBLIC RELEASE (see FAR 3.104 & 42.1503)

| | |
|----------------|--|
| BUREAU/USER | |
| ADDRESS | |
| CITY/STATE/ZIP | |
| CONTRACT COR | |


| | |
|-----------------|--|
| CONTRACT NO. | |
| CONTRACTOR | |
| CONTRACT PERIOD | |
| WORK LOCATION | |

CONTRACT SERVICE DESCRIPTION AIRPLANE SEAT HELICOPTER AIR TANKER
 MAINTENANCE OTHER -specify: _____

PRIMARY MISSION(S) FIRE MANAGEMENT RESOURCE MAINTENANCE OFF-SHORE
 OTHER -specify: _____


INSTRUCTIONS If you have excel, this form may be filled in on the computer or a blank form can be printed and filled in by hand.
 Use the mouse to navigate. To check or uncheck a box, left 'click' the box. Comment boxes are formatted to automatically wrap the entered text.
 Check the box that best describes the level in which the Contractor supported the area described. Comments are helpful and substantiate either very high or very low ratings. If additional space is needed, use page 2 of the form or attach additional page(s). N/A means not applicable
A copy of this report may be used in future evaluations of the Contractor's past performance and is provided to the Contractor (without your identity)

1. Was the Contractor capable, efficient and effective in supporting the programs of this contract

| | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Support provided was very inefficient, not effective, not capable | N/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Support provided was extremely capable efficient and effective |
| Comments  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |


Empty comment box for question 1.

2. Did the Contractor's performance conform to the terms and conditions of the contract

| | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Performance did not conform to contract terms and conditions | N/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Performance conformed to contract terms and conditions |
| Comments  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Empty comment box for question 2.

3. Were the Contractor and on-site representatives professional, reasonable and cooperative during performance

| | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Not professional, not reasonable, and not cooperative | N/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very professional, very reasonable, and very cooperative |
| Comments  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Empty comment box for question 3.

| | | | | | | | | | |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---|
| 4. Were the Contractor and on-site representatives committed to customer satisfaction | | | | | | | | | |
| Not committed to customer satisfaction Comments | N/A <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | Very committed to customer satisfaction |

| | | | | | | | | | |
|---|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---|
| 5. Contractor and on-site representatives attitude and efforts, as well as actual application, towards aircraft safety | | | | | | | | | |
| Safety compromises in both orientation and actions Comments | N/A <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | Extremely safety oriented and actions demonstrated same |

| | | | | | | | | | |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------|
| 6. If given the opportunity, would you hire this Contractor again to accomplish a similar project | | | | | | | | | |
| Definitely not Comments | N/A <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | Definitely yes |

Additional comments to support your response to any item above or other items (include additional page if needed)

| | | | |
|---|------------------|------|--|
| Name and Title of Individual Completing this Form | | | |
| Signature | Telephone Number | Date | |
| | | | |