



STANDARD CONTRACTOR EVALUATION FORM for PRIVATE BUILDING PROJECTS

(Revised: 10/16/2013)

INSTRUCTIONS for OWNERS:

This Evaluation Form is for use *only* in evaluating the performance of contractors on *privately* owned building projects and is to be completed and signed by an individual responsible for the oversight of the project.

(1) PREPARE:

As soon as possible after completion of a building project, an individual responsible for oversight of the project should complete this form as an Evaluation of the contractor's performance on the project. A project is deemed "complete" upon use and/or occupancy, or upon issuance of a certificate of use and/or occupancy, or termination of a building project, whichever is earlier.

(2) SIGN:

The completed Evaluation must be signed by the individual responsible for the oversight of the project who prepared the Evaluation. (**NOTE:** In accordance with M.G.L. c. 149, Sec. 44D (7), "No person shall be liable for any injury or loss to a contractor as a result of the completion of a contractor evaluation form as required by this section unless the individual completing the form has been found by a court of competent jurisdiction to have acted in a willful, wanton or reckless manner.")

(3) SUBMIT:

Please submit the completed and signed Evaluation – by mail to Commonwealth of Massachusetts, DCAMM – 15th Floor, ATTN.: Contractor Certification Office, One Ashburton Place, Boston, MA 02108; by fax to (617) 727-8284; or by email to certeval.dcammm@state.ma.us

(4) SEND A COPY:

Please send a copy of the Evaluation to the contractor.

NOTE: DCAMM offers contractors desiring to dispute any information contained in an Evaluation an opportunity to do so by submitting a written response to DCAMM within 30 days of receipt of a copy of the Evaluation. Evaluators finding it necessary for good cause to revise an evaluation may do so *provided they include a written explanation for the revision acceptable to DCAMM*. An Evaluator must not negotiate the contents of an Evaluation with the contractor or its representatives for any reason. Reliable Evaluations and any written contractor responses become part of the permanent public record in a contractor's DCAMM certification file.

EVALUATION and RATING of CONTRACTOR PERFORMANCE

GENERAL INFORMATION

REFERENCE: Name - _____; Title - _____

Agency/Firm - _____; Tele. # - _____

Contractor Being Evaluated: _____ **DCAMM ID No.** _____
(if known)

This is a _____ **Preliminary Evaluation;** _____ **Final Evaluation**
For a _____ **Prime/General Contractor;** _____ **Sub-Bid Contractor**

Project Owner: _____

Project Name and Location: _____

Scope of Work:

Contract Start Date: ____/____/____ **Contract End Date:** ____/____/____

Actual Completion Date: ____/____/____

Contract Cost for Contractor Evaluated [Including Change Orders]: \$_____
(If change order amount unknown for subcontractor, estimate as 5% of subcontract amount)

Did the contractor execute this project using their own employees? ____ Yes ____ No

EVALUATION QUESTIONS

Please rate this contractor's performance in each of the following categories by indicating whether performance was "unacceptable," "poor," "satisfactory," "very good" or "excellent," and enter the applicable point score for each category in the right-hand margin.

After completing the final question in this section, please total the points in order to calculate an overall Project Rating. **PLEASE NOTE THAT A TOTAL PROJECT RATING SCORE OF AT LEAST 80 IS REQUIRED TO "PASS,"** and that a record of two or more Project Ratings below 80 may constitute cause for denial of certification or for decertification of a contractor.

Written comments to explain the ratings you assign in any category are extremely helpful, **and if you rate performance below "satisfactory" in any category, a detailed written explanation (with examples) must be provided.**

If additional space is necessary for any written comments, please feel free to attach additional sheets.

1. Quality of Workmanship

Rate the quality of this contractor's workmanship. Were there quality-related or workmanship problems on the contract? Was the contractor responsive to remedial work required? If so or if not, provide specific examples.

___ Unacceptable	___ Poor	___ Satisfactory	___ Very Good	___ Excellent
0 Points	14 Points	24 Points	26 Points	28 Points

Sub Total: _____

Comments:

2. Project Management: Scheduling

Rate this contractor's performance with regard to adhering to contract schedules. Did this contractor meet the contract schedule or the schedule as revised by approved change orders? If not, was the delay attributable to this contractor? If so, provide specific examples.

___ Unacceptable	___ Poor	___ Satisfactory	___ Very Good	___ Excellent
0 Points	7 Points	11 Points	12 Points	13 Points

Sub Total: _____

Comments:

3. Subcontractor Management

Rate this contractor's ability, effort and success in managing and coordinating subcontractors (if no subcontractors, rate this contractor's overall project management). Was this contractor able to effectively resolve problems? If not, provide specific examples.

___Unacceptable	___Poor	___Satisfactory	___Very Good	___Excellent
0 Points	6 Points	11 Points	12 Points	13 Points

Sub Total: _____

Comments:

4. Safety and Housekeeping Procedures

Rate this contractor's safety and housekeeping procedures on this project. Were there any OSHA violations or serious safety accidents? If so, provide specific examples.

___Unacceptable	___Poor	___Satisfactory	___Very Good	___Excellent
0 Points	3 Points	7 Points	8 Points	9 Points

Sub Total: _____

Comments:

5. Change Orders

Did this contractor unreasonably claim change orders or extras? Were this contractor's prices on change orders and extras reasonable? If not, provide specific examples.

___ Unacceptable	___ Poor	___ Satisfactory	___ Very Good	___ Excellent
0 Points	3 Points	7 Points	8 Points	9 Points

Sub Total: _____

Comments:

6. Working Relationships

Rate this contractor's working relationships with other parties (i.e. owner, designer, subcontractors, etc.) Did this contractor relate to other parties in a professional manner? If not, give specific examples.

___ Unacceptable	___ Poor	___ Satisfactory	___ Very Good	___ Excellent
0 Points	2 Points	5 Points	6 Points	7 Points

Sub Total: _____

Comments:

7. Paperwork Processing

Rate this contractor's performance in completing and submitting required project paperwork (i.e. change orders, submittals, drawings, requisitions, payrolls, workforce reports, etc.) Did the contractor submit the required paperwork promptly and in proper form? If not, provide specific examples.

___Unacceptable	___Poor	___Satisfactory	___Very Good	___Excellent
0 Points	2 Points	5 Points	6 Points	7 Points

Sub Total: _____

Comments:

8. On-Site Supervisory Personnel

Rate the general performance of this contractor's on-site supervisory personnel. Did the superintendent(s) have the knowledge, management skills and experience to run a project of this size and scope? If not, provide specific examples.

___Unacceptable	___Poor	___Satisfactory	___Very Good	___Excellent
0 Points	3 Points	10 Points	12 Points	14 Points

Sub Total: _____

Comments:

**NOTE: A TOTAL POINTS SCORE OF LESS THAN 80
IS A FAILING SCORE**

Total Points

LEGAL AND ADMINISTRATIVE PROCEEDINGS:

Are you aware of any legal or administrative proceedings, invoked bonds, assessed damages, demands for direct payment, payment bond claims, contract failures, contract terminations, or penalties involving this contractor on this contract? What is the status of any pending litigation? What was the final outcome of any completed litigation? What are the dollar amounts of assessed damages or penalties?

Comments:

ADDITIONAL COMMENTS: - (Optional)

(Please Proceed to Next Page)

EVALUATOR CERTIFICATION:

I certify that, to the best of my knowledge:

- (1) the information contained in this Evaluation represents a true and accurate analysis of the contractor's performance record on this contract;
- (2) the contents of this Evaluation were not in any way the result of any negotiation with the contractor or its representatives; and,
- (3) on the date set forth below, a copy of this Evaluation was sent to the contractor.

Required: Signed by an individual responsible for the oversight of the project:

Signature

Date

Printed Name

Contact Telephone No.

Title

Email Address