

CONTRACTOR ASSESSMENT FORM FOR SUPPLY CONTRACTS (C 10)

<Contract title> <Location>
<Contract number>

1 CONTRACTOR

	Name(s) of firm(s)
Leader*	
Member 2*	
Etc ... *	

add / delete additional lines for members as appropriate. Note that a sub-contractor is not considered to be a member for the purposes of this assessment form. If this assessment is being completed for an individual contractor, the name of the contractor should be entered as **'Leader'** (and all other lines should be deleted)

2 EXECUTION PERIOD

From	< Date >	To	< Date >
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3 PERFORMANCE RATING OF CONTRACTOR

Factor	Rating
Compliance of supplies with original Technical Specifications	
Ability to meet deadlines	
Quality of supplies	
Quality of after-sales service (if any)	
Quality of training (if any)	
Quality of other ancillary services (if any)	
Quality of customer relations	

Rating scheme	
1	Excellent
2	Good
3	Average
4	Below average
5	Unsatisfactory

4 PROJECT MANAGER

Name	
Signature	
Date	