

CONTRACTOR PERFORMANCE RATING			
Contractor/Company Name		Resource Type and Equipment ID (Engine/Dozer/Water Tender/etc.)	
Fire Name and Number			
Agreement Number		Equipment Resource Order #	
Contracting Officer Name		Dates covered by this evaluation	
Evaluation Form Instruction: The intent of this form is to communicate information from the incident to contracting officers, contracting officer representatives and administrators. Please ensure that contact information is correct and LEGIBLE so that follow up communication is possible, when needed. This form is available for use by any government representative that interacts with vendors (IE: fire line supervisors, dispatchers, finance sections, inspectors, etc.)			
In Summary: ✓ Check either SATISFACTORY or UNSATISFACTORY for each question. ✓ Use the space allowed to provide a short synopsis or bullet-points, as needed. A narrative/justification is not necessary for vendors that were rated Satisfactory in all categories on this evaluation. Additional pages can be used as need.			
Quality of Service: Was the Vendor's <i>Quality of Service</i> (knowledge of the job, physical condition of personnel, attitude, decisions under stress, initiative, use of safe practices, crew organization, performance of resource, equipment organization/reliability, and supervisory performance) satisfactory on this incident? <div> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY </div>			
Narrative/justification:			
Timeliness: Did the Contractor arrive when instructed and complete assigned work in a timely and satisfactory manner while on the incident? <div> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY </div>			
Narrative/justification:			
Business Relations: Did the Contractor complete administrative work as required (IE: check in, finance and demob) and conduct themselves in a professional and satisfactory manner while on the incident? <div> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY </div>			
Narrative/justification:			
Rated by (Government signature):		Home Unit Phone Number and Address:	
Printed Name / Position on Incident:		Date:	

Contractor Comments:		
Resource Operator/Lead (Signature):	Printed Name: Phone Number:	Date: