



Moving Contractor Evaluation Form (by Client)

Project No.:

Project Title:

Client:

Department:

Moving Contractor:

Please look at each of the listed service attributes. Rate them by priority, based on its importance to you. Likewise, score each attribute based upon final performance. Fold, staple, and drop in Campus Mail Box 0894. Thank you for your feedback and for helping our continuing effort to improve our services.

Priority Key
High = Very Important
Medium = Important
Low = Not Important

Score Key
5 = Excellent
4 = Good
3 = Satisfactory
2 = Less than Satisfactory
1 = Poor

1.	Schedule	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
	a. Evaluate the moving contractor's compliance with the relocation schedule				1 2 3 4 5
2.	Supervision	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
	a. Contractor's supervision of relocation				1 2 3 4 5
3.	Quality of Work	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
	a. Appraise the moving contractor's effectiveness of protecting property				1 2 3 4 5
	b. Evaluate the condition of the site during and after the relocation				1 2 3 4 5
	c. Contractor's attention to noise and dust control				1 2 3 4 5
4.	Organization	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
	a. Contractor's staffing of project				1 2 3 4 5
5.	Completion	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
	a. Contractor's handling of punch (unfinished) items				1 2 3 4 5
6.	General Comments	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
	a. Contractor's attitude				1 2 3 4 5
	b. Contractor's cooperation and responsiveness				1 2 3 4 5
	c. Likelihood of using contractor on a future project				1 2 3 4 5
8.	Overall Performance	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
	a. Contractor's overall performance				1 2 3 4 5

Other Comments: (use back of form if necessary)

Date: _____

Scored By: (Optional) _____

Building Location of Scorer: _____