

Company Past Performance Survey

Firm Being Evaluated: _____

Please rate the Contractor's overall performance in each of the factors listed. Rate performance based on a scale of 1 to 5, with 5 being the highest and 1 being the lowest. Check "N/A" if the factor does not apply to your contract. (5 is for rare, exceptional service; 4 - Excellent; 3 - Good; 2 - Fair; and 1 - Poor)

Evaluation Factor	Performance Level					
	5	4	3	2	1	N/A
Overall rating of Contractor's quality of product(s) and/or service(s)						
Overall rating of Contractor's cost control performance						
Overall rating of Contractor's timeliness of performance						
Overall rating of Contractor's business relations with client						
Overall rating of Contractor's customer satisfaction						
Additional Comments: Signature: _____ Date: _____ Printed Name: _____ Phone: _____ Company: _____						
Return by <u>5/7/01</u> to Karen Shears, FAX <u>(865) 241-9218</u> or mail marked "addressee only" to U. S. DOE, Oak Ridge Operations, Attn: Karen Shears, Ground Floor, P.O. Box 2001, Oak Ridge, TN 37831-8758.						

This form contains Source Selection Information when completed. See FAR 3.104