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| **FACILITY SURVEY OF CONTRACTOR PERFORMANCE** | Project No. |  | Trade |  |

Instructions: OGS Design and Construction is seeking your input on the performance of the noted contractor. Please provide your overall rating *(5 being the highest and 1 being the lowest)*, and indicate whether the listed concerns/issues were addressed by checking the appropriate boxes. A comment area has been provided for further explanation. Please return this survey: by e-mail (*preferred*) to [Michelle.Dyer@ogs.ny.gov](mailto:michelle.dyer@ogs.state.ny.us?subject=Response%20to%20Facility%20Survey%20of%20Contractor%20Performance) or mail to Regina Weinman, OGS Design and Construction, Executive Office, 35th Floor, Corning Tower, GNARESP, Albany, NY 12242.

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| Project Description: *(Project Title, Facility Name and Address)* | | Contractor Name and Address: | |
| Award Date: |  | Physical Completion Date: |  |

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| --- | --- | --- | --- | --- | --- |
|  | ***Highest*** | *→* | *→* | *→* | ***Lowest*** |
| **OVERALL PERFORMANCE RATING:** | **5** | **4** | **3** | **2** | **1** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The contractor:** | | Satisfactory | Not Satisfactory | Not Applicable |
|  | | | | |
|  | complied with facility rules and regulations. |  |  |  |
|  | maintained all access and egress routes for the work area. |  |  |  |
|  | complied with scheduled arrival and departure times. |  |  |  |
|  | respected facility staffing and security issues as it relates to direct support of the contractor’s work. |  |  |  |
|  | protected areas and facility equipment outside the work area. |  |  |  |
|  | cleaned all areas affected by the work area and maintained dust controls, noise control, etc. |  |  |  |
|  | controlled accountability for tools and equipment. |  |  |  |
|  | complied with designated storage and staging areas. |  |  |  |
|  | maintained good communication and notification. |  |  |  |
|  | responded in a timely manner to concerns regarding interruptions of facility operations due to contractor’s activities. |  |  |  |

**Comments:**

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| Would you like a representative from our office to contact you to discuss this evaluation?  YES  NO |

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| Completed by: *(Print Name)* | Title: | Date: |