To be completed by the project manager upon final acceptance of the supplies for every supply contract over EUR 100 000

Contractor assessment form  
for supply contracts

<Contract title> <Location>  
<Contract number>

**1 CONTRACTOR**

|  |  |
| --- | --- |
|  | **Name(s) of firm(s)** |
| **Leader\*** |  |
| **Member #1\*** |  |
| **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 >** |

**3 PERFORMANCE RATING OF CONTRACTOR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Factor**   |  |  | | --- | --- | | **Rating scheme** | | | **1** | Excellent | | **2** | Good | | **3** | Average | | **4** | Below average | | **5** | Unsatisfactory | | **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 |  |

**4 PROJECT MANAGER**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |