

CITY OF LOS ANGELES  
CONTRACTOR PERFORMANCE EVALUATION REPORT

Prime  
 Sub

PROJECT TITLE:	WORK ORDER NO:

NAME OF CONTRACTOR:	
ADDRESS OF CONTRACTOR:	
	PHONE #:

SECTION I - CONTRACT DATA

<p>COMPLEXITY OF PROJECT:</p> <p><input type="checkbox"/> CONVENTIONAL</p> <p><input type="checkbox"/> UNUSUAL</p> <p><input type="checkbox"/> COMPLEX</p>	<p><input type="checkbox"/> Original Contract Amount \$ _____</p> <p><input type="checkbox"/> Total Amount of Change Orders \$ _____</p> <p><input type="checkbox"/> Total Amount of Contract \$ _____</p> <p><input type="checkbox"/> Liquidated Damages Assessed \$ _____</p> <p><input type="checkbox"/> Illegal Substitution Penalties \$ _____</p> <p><input type="checkbox"/> Wage Violation Penalties \$ _____</p> <p><input type="checkbox"/> Claim Filed \$ _____</p>	<p><input type="checkbox"/> Contract Duration _____ Work days _____ Calendar days</p> <p><input type="checkbox"/> Contract Start Date _____</p> <p><input type="checkbox"/> Original Contract Completion Date _____</p> <p><input type="checkbox"/> Revised Contract Completion Date _____</p> <p><input type="checkbox"/> Date Final Corrections Completed _____</p>
<p>MINORITY PARTICIPATION:</p> <p><input type="checkbox"/> MBE _____ %</p> <p><input type="checkbox"/> WBE _____ %</p> <p><input type="checkbox"/> DBE _____ %</p>		

SUBCONTRACTORS

CONTRACTOR MET MANDATORY SUBCONTRACTOR MINIMUM (MSM) \_\_\_\_\_ %  YES  NO (Explanation Required)

TYPE OF WORK	SUBCONTRACTOR	AMOUNT	REMARKS	Evaluation Attached
		\$		
		\$		
		\$		
		\$		
		\$		

**SECTION II – PERFORMANCE EVALUATION OF CONTRACTOR**

S - SATISFACTORY  
 SP - SIGNIFICANT PROBLEM(S) (Does not require an explanation)  
 U - UNSATISFACTORY (Explanation required)

PERFORMANCE ELEMENT	S	SP	U	REMARKS
a. Quality Control of the Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Effectiveness of Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Project Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Quality of Workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Management of Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Planning / Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Project Submittals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Project RFIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Project Correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Response to Change Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Response to Public Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Compliance with Plans / Specs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o. Compliance with Inspection Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Notices of Non-Compliance	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/> *	* List Number and Nature of NNC
q. Compliance with Safety Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s. Compliance with Labor Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**OVERALL EVALUATION**  
 (If unsatisfactory, explanation required, use page 3)

UNSATISFACTORY    
  SATISFACTORY    
  ABOVE AVERAGE

**EXPLANATION OF UNSATISFACTORY EVALUATION**

For each unsatisfactory element, provide facts concerning specific events or actions to be considered for this evaluation (e.g. rework, cooperation of contractor, quality of work, compliance with labor laws, payment of prevailing wages, etc.)  
 (These data must be of sufficient detail to assist in determining Contractor responsibility)  
 (Use additional sheet(s) for explanation)

**EVALUATION PREPARED BY:**

_____	_____	_____
Inspector / Name (typed)	Signature	Date
_____	_____	_____
Construction Manager / Name and Title (typed)	Signature	Date
_____	_____	_____
Contract Administration / Name and Title (typed)	Signature	Date

**EVALUATION REVIEWED BY**

_____	_____	_____
Construction Manager / Name and Title (typed)	Signature	Date
_____	_____	_____
Contract Administration / Name and Title (typed)	Signature	Date

**EXPLANATION OF UNSATISFACTORY EVALUATION:**