



REPORT OF PRIME CONTRACTOR'S PERFORMANCE

CONTRACTOR			
COMPLETION DATE	REPORT DATE	AMOUNT OF CONTRACT	CONTRACT NO
PROJECT			
TYPE(S) OF CONSTRUCTION PERFORMED BY THIS FIRM			

With reference to the following features of the Contractor's operations, state your opinion on this project, indicating whether EXCELLENT, SATISFACTORY, MARGINAL or UNSATISFACTORY, giving brief explanations. Under EQUIPMENT, give your opinion of adequacy and condition of equipment used. List major items of equipment rented, rather than owned, by the Contractor.

PROGRESS OF WORK Rating _____
QUALITY OF WORK Rating _____
EQUIPMENT Rating _____
ADMIN./MGMT./SUPV. Rating _____
COORDINATION AND CONTROL OF SUBCONTRACTORS Rating _____
COMMENTS AND RECOMMENDATIONS
_____ PROJECT ENGINEER _____ Date