Division of Facilities Management---Evaluation

PROJECT: _____
RATER: _____ TITLE:_____
SIGNATURE: _____ DATE:_____
Please rate the following criteria on a scale of 1 to 4. Comments are required for scores of 1 or 4.

1 = Poor 2 = Fair 3 = Good 4 = Excellent

1. Project was completed within the established budget with minimal change orders.
Comments:

2. Project was completed within the established schedule.
Comments:

3. DFM personnel demonstrated the management, construction, codes and standards expertise needed for the project.
Comments:

4. Construction during the project was inspected to ensure quality work.
Comments:

5. DFM kept all members of the project team informed throughout the project.
Comments:

6. DFM processed reports, contracts, correspondence, payments, and the like in a timely manner.
Comments:

7. DFM personnel were courteous and professional.
Comments:

8. Problems encountered during the project were quickly resolved.
Comments:

9. DFM took adequate measures to minimize disruption to your agency during construction.
Comments:

10. Issues of design, construction, schedule, budget were consistently communicated by DFM.
Comments:

TOTAL SCORE:

FINAL RATING ***10 - 15 = Poor 16 - 25 = Fair 26 - 34 = Good 35 - 40 = Excellent***