



Ref. No.

### CONTRACTOR PERFORMANCE SURVEY THE OFFICE OF FACILITIES MANAGEMENT

Operations Complex 2620 Madison Street Clarksville, TN 37043  
931-358-4089 ext. 1120 Fax: 931-358-9403

**CUSTOMER:**

**PROJECT:**

**CONTRACTOR:**

Please place a check mark in the box by the number that best describes your rating.  
1= *Very unsatisfactory performance* and 4= *Exceeded your expectations*

1. How would you rate your overall satisfaction with this project?

1                       2                       3                       4

2. Now that the project is over, please indicate the level of value you feel you received.

1                       2                       3                       4

3. How well did the facilities management representative coordinate the project with you and your personnel?

1                       2                       3                       4

4. How responsive was the facilities representative to your concerns and questions?

1                       2                       3                       4

5. How would you rate the contractor with regard to his crew, their performance, project clean-up and overall professionalism?

1                       2                       3                       4

6. How well did the contractor and crew exercise safety measures while work was in progress?

1                       2                       3                       4

7. Was the close coordination between facilities and the contractor effective and evident throughout the project?

1                       2                       3                       4

8. Is there anything that would have increased your satisfaction with the project?

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9. Was there anything extra that facilities management did to satisfy you that you didn't expect, or that wasn't included in the project specifications?

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10. Would you recommend this contractor for future CMCSS projects? Yes:  No:

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_