

SERVICE CONTRACTOR PERFORMANCE SCORECARD

SECTION I – SCORECARD INFORMATION			
Scorecard Type:	Select type	Prepared By:	
Scorecard #:		Date:	

SECTION II – SERVICE CONTRACTOR DATA	SECTION III – CONTRACT DATA	
Purchase Order #:	Bid Call #:	
Vendor's Name:	Location:	Ward: #
Vendor's Address:	Contract Start Date:	Actual Start Date:
	Contract Completion Date:	Actual Completion Date:
Vendor's Phone:		
Vendor Contact:	Contract Award Amount:	Final Contract Amount:
Brief Description of Work:		

RATINGS GUIDE		
SCORE		DESCRIPTION
N/A	NOT APPLICABLE	Deliverable or task is not applicable to this contract.
3	POOR	Deliverable or task is substantially deficient. Issue identified. Not resolved. Negative impact on Budget and or Schedule and or Quality.
5	BELOW STANDARD	Deliverable or task is somewhat deficient. Issue identified. Resolved. However, negative impact on Budget and or Schedule and or Quality.
7	STANDARD	Deliverable or task is acceptable. Issue identified and proactively resolved. No impact on Budget and or Schedule and or Quality.
9	ABOVE STANDARD	Deliverable or task is performed with exceptional service. No issues identified, or proactively resolved any identified issues. Resolution had a positive impact on budget and/or schedule and/or quality, or mitigated negative impacts on outcome.

SECTION IV – NUMERICAL RATING	
1. SAFETY AND COMPLIANCE	RATINGS
a. Compliance with Ontario Health & Safety Act (OHSA) and/or maintained site safety in accordance with all required regulation and legislation (ie Highway Traffic Act)	
b. Submitted and complied with Health & Safety Plan	
c. Immediate action taken for notices/incidents/safety issues	
TOTAL	

2. SERVICE DELIVERY, QUALITY AND CONFORMANCE	
a. Met scope of work requirements for service delivery and/or quality of goods as per the contract	
b. Service delivery requirements were conducted in a timely manner for regular and emergency service calls	
c. Pricing as per the contract	
d. Damage to City facilities or property	
e. Provision of adequate, competent, professional and responsive personnel	
f. Resolution of service calls on initial visit	
g. Resolution of deficiencies, damage and complaints	
TOTAL	

3. TOOLS, EQUIPMENT, SITE CONDITION AND SERVICE VEHICLES	
a. Preparedness – arrival on site with necessary tools and equipment to complete work	
b. Equipment and service vehicles clearly identified, operational, clean and orderly	
c. Timely response when additional parts or equipment required to complete work	
d. Work area/site left in the same condition as prior to arrival	
TOTAL	

4. ADMINISTRATION	
a. Compliance with sign-in and sign-out procedures	
b. Submission of work orders and invoices accurately complete and timely as per the contract	
c. Timely coordination of work with appropriate City staff	
d. Submission of documents as per the contract (WSIB, Insurance, monthly reports, etc)	
e. Clear, concise and timely written and verbal communication	
TOTAL	
GRAND TOTAL (1-4)	

Overall Performance Rating:	POOR <50% <input type="checkbox"/>	BELOW STANDARD 50-69% <input type="checkbox"/>	STANDARD 70-79% <input type="checkbox"/>	ABOVE STANDARD >%80 <input type="checkbox"/>
------------------------------------	--	--	--	--

SECTION V – AUTHENTICATION AND RECOMMENDATION

I have evaluated the Vendor’s performance in accordance with the Evaluation Process and have assigned a fair and objective rating to each criterion in Section IV of this Performance Scorecard.

Comments:

I met with the Vendor on DATE to discuss this Performance Scorecard and I have considered the Vendor’s comments in making the below recommendation.

Based on my evaluation of the Vendor’s performance in accordance with this Performance Scorecard, the following is recommended (the “Recommendation”):

- The Vendor continue participating in the City’s procurement opportunities.
- The City suspend the Vendor from participating in its procurement opportunities for a period of 1 or 3 years in accordance with the City’s Vendor Suspension Administrative Directive.

State suspension period:

City Contracts Manager

_____	_____	_____
Print Name	Signature	Date
Manager or Supervisor		
_____	_____	_____
Print Name	Signature	Date

TO BE COMPLETED ONLY IF THE RECOMMENDATION IS TO SUSPEND THE VENDOR:

We confirm that we have reviewed this Performance Scorecard and discussed the ratings and recommendations with the City Contracts Manager, and have obtained the Manager’s confirmation that the Performance Scorecard accurately reflects the Vendor’s performance. We hereby approve or reject the recommendation as follows:

Director

APPROVE REJECT

_____	_____	_____
Print Name	Signature	Date

Comments:

Department Head

APPROVE REJECT

_____	_____	_____
Print Name	Signature	Date

Comments:

Purchasing Agent

APPROVE REJECT

_____	_____	_____
Print Name	Signature	Date

Comments:

Attachments:

DISTRIBUTION:

- Original: Purchasing
- Copy: Departmental Contract File
- Copy: Consultant