



Department of Veterans Affairs
Network Contracting Office 4
1010 Delafield Road
Pittsburgh, PA 15215

**Past Performance Questionnaire for:
595-24-106 Replace Steam Traps Phase One D/B**

INSTRUCTIONS TO OFFEROR

Complete the CONTRACTOR INFORMATION section, below (type answers into light blue shaded boxes). Save the document. Send an electronic or hard copy print of the form to each of your reference contacts, asking them to please complete the form and submit it according to the instructions, below.

Company Name		Street Address	
Point of Contact (POC)		City	
POC Phone Number		State	
Reference Project Title		Zip Code	
Contract Period of Performance (start to finish):		Email	
Contract Number		Contract Dollar Value	
Description of Work			
Role of Contractor on This Project (check appropriate box)	<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Key Personnel		

INSTRUCTIONS TO REFERENCE CONTACT

The contractor named above is submitting a proposal for a United States Department of Veterans Affairs contract, and has sent this form to you as a past performance reference contact. Please complete the following pages in full (all areas shaded in light yellow, below). Once completed, please send the form to the Contracting Officer via email directly to:

Amy.Demarest@va.gov and Christopher.McDevitt@va.gov

Please return the completed form ASAP, but no later than 11:00 am EST, 19 November 2024.

If you have any questions, please contact the Contracting Officer: Amy.Demarest@va.gov

RESPONDENT INFORMATION [completed by Reference Contact]

Company Name		Street Address	
POC Name		City	
Phone Number		State	
Email		Zip Code	

PERFORMANCE INFORMATION: Choose the number on the scale of 0 (Neutral) to 5 (Exceptional) that most accurately describes the contractor’s performance or situation. **PLEASE PROVIDE AN EXPLANATION FOR THE OVERALL RATING** in the Remarks section, below.

0	1	2	3	4	5				
NEUTRAL	UNACCEPTABLE	MARGINAL	ACCEPTABLE	VERY GOOD	OUTSTANDING				
No record of past performance, or not applicable or the record is inconclusive.	Performance did not meet most contractual requirements. There were serious problems and the contractor’s corrective actions were ineffective.	Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective.	Performance met most contractual requirements. There were some minor problems and corrective actions taken by the contractor were satisfactory.	Performance met all contract requirements and exceeded some to the government’s benefit. There were a few minor problems, which the contractor resolved in a timely, effective manner.	Performance exceeded all contract requirements. There were no problems.				
The Contractor ...				0	1	2	3	4	5
QUALITY – MANAGEMENT & WORKMANSHIP									
1.	Provided experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Demonstrated ability to hire, maintain, and replace, if necessary, qualified construction personnel during the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Provided and followed approved quality control plan and/or inspection procedures to meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Corrected deficiencies in timely manner and pursuant to their quality control procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Submittals clearly identified the proposed item IAW the specifications and drawings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Suggested alternative approaches to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIMELINESS AND ADHERENCE TO SCHEDULE							
		0	1	2	3	4	5
7.	Contractor provided timely notices of possible delays/schedule revisions. REMARKS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Timeliness in submitting submittals and reports and responding to agency inquiries, RFP's, etc. REMARKS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Developed realistic and met approved progress schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS PRACTICES/CUSTOMER RELATIONSHIP AND ABILITY TO PERFORM							
10.	Displayed initiative to solve problems. REMARKS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	How well did the contractor work independent of Government guidance, oversight and assistance? REMARKS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Subcontractors / tradesmen were adequately managed and coordinated. Explain any subcontracting issues (positive or negative) that impacted the performance of your contract(s). REMARKS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	For contract changes, contractor provided timely and realistic change order proposals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLIANCE & SAFETY							
		0	1	2	3	4	5
14.	Reports (i.e., daily, test, logs) / records were submitted completely and accurately satisfy the requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Applicable to Federal Contracts –Contractor complied with applicable Federal Laws and Regulations such as Construction Wage Rate Requirements – timely payrolls and compliance; Drug-Free Workplace; Environmental Regulations and Use of Recovered Materials; Executive Order 13101 Greening the Government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Contractor’s safety program was in compliance with federal regulations. Contractor implemented and followed their safety plan and ran a “safe jobsite”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFECTION CONTROL							
17.	Contractor had an Infection Control Process in place and complied with agency Infection Control Requirements. REMARKS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL CUSTOMER SATISFACTION							
18.	Demonstrated reasonableness in modifications cost proposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Was the contractor ever issued a cure or show cause notice under the referenced contract? If yes, explain outcome in “remarks.”	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO	
20.	Would you award another contract to this contractor? If not, please explain in “remarks.”	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO	
OVERALL PERFORMANCE RATING:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Please use as much space as is needed – the box will expand as you type).

I hereby certify that the information that I have reported above is accurate to the best of my knowledge.

Printed Name

E-mail address

Business Title

Signature

Date