

**University of Nebraska
Contractor Performance Evaluation**

Project Name: _____ Project No. _____ Campus: _____

Contractor: _____ Address: _____
city state

Names of Contractor Personnel _____ Names of University Personnel _____

Project Manager: _____ Project Coordinator: _____

Superintendent: _____ Inspector: _____

Type of Work
____ General ____ Mechanical ____ Electrical ____ Elevator ____ Other: _____

Contract Amount (include alternates accepted) _____

Low Responsive Bid or GMP: _____ Final Amount Paid: _____

Contract Award Date: _____ Contract Completion: _____

Substantial Completion Date: _____ Final Acceptance: _____

Performance Rating: 4 = Excellent 3 = Good 2 = Satisfactory 1 = Unsatisfactory

Pre-Construction Contribution (CM or DB only) _____
Conformance with Contract Documents _____
Quality of Workmanship _____
Conformance with Time Schedule _____
Compliance with Applicable Codes and Laws _____
Cooperation / Responsiveness _____
Organization / Coordination _____
Change Order Performance _____
Experience / Efficiency _____
Integrity / Judgment / Management _____

General Comments on Rating: (Attach additional comments if required.) _____

Evaluated by: _____ Date _____
Signature

Title

Reference: Construction Project Closeout Procedures