

Construction Contractor Evaluation Form

Project Information

Project Name: _____

Project Location: _____

Contractor Name: _____

Evaluation Date: _____

Evaluator's Name: _____

Contractor Performance

1. Quality of Work:

- Rate the overall quality of the contractor's work.
 Excellent Good Satisfactory Poor
- Comments:

2. Timeliness:

- Did the contractor meet project deadlines?
 Yes No Partial
- Comments:

3. Communication and Cooperation:

- Rate the contractor's communication with the project team and client.
 Excellent Good Satisfactory Poor

Workmanship and Compliance

| Evaluation Criteria | Excellent | Good | Satisfactory | Poor |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Compliance with Specifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Materials Used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adherence to Regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Finishing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall Comments and Recommendations

Please provide any additional comments and recommendations for future projects.

Signature

Evaluator Signature: _____

Date: _____