**Sub-Contractor Evaluation Form Template**

**Subcontractor Information  
Sub-Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scope of Work**

1. **Description of services provided by sub-contractor:**
2. **Project Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Criteria  
3. Quality of Work Delivered:  
☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement**

1. **Punctuality and Adherence to Schedule:  
   ☐ Always On Time ☐ Sometimes Delayed ☐ Frequently Delayed**
2. **Teamwork and Communication:**
   * **How well did the sub-contractor communicate with the main contractor and team?  
     ☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement**

**Safety Compliance**

| **Safety Standards** | **Fully Met** | **Partially Met** | **Not Met** |
| --- | --- | --- | --- |
| **Use of Safety Gear** | **☐** | **☐** | **☐** |
| **Site Cleanliness and Order** | **☐** | **☐** | **☐** |
| **Compliance with Safety Codes** | **☐** | **☐** | **☐** |
| **Incident Reporting** | **☐** | **☐** | **☐** |

**Additional Comments**

**Final Rating and Recommendation  
Final Rating: ☐ Highly Recommend ☐ Recommend ☐ Do Not Recommend  
Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**