

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

4. Punctuality and Adherence to Schedule:

Always On Time Sometimes Delayed Frequently Delayed

5. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Cleanliness and Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Safety Codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

Final Rating and Recommendation

Final Rating: **Highly Recommend** **Recommend** **Do Not Recommend**

Signature of Evaluator: _____

Date: _____