

Contractor Performance Assessment

Contractor Name

Project Name

Assessment Date

Assessor Name

| Criteria | Score (1-5) | Comments |
|----------------------------------|----------------------|----------------------|
| Quality of Work | <input type="text"/> | <input type="text"/> |
| Timeliness | <input type="text"/> | <input type="text"/> |
| Professionalism | <input type="text"/> | <input type="text"/> |
| Communication | <input type="text"/> | <input type="text"/> |
| Compliance with Safety Standards | <input type="text"/> | <input type="text"/> |

Overall Comments