

FACILITIES WORK REQUEST CONTRACTOR EVALUATION

1. FWR Number:	2. Evaluation Number:
3. Date:	4. Contractor:

5. Job Title:	6. Building:
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7. Final Cost:	8. Percent Complete:	9. COSS Supervisor:
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10. NASA PM:	11. CMI:	12. CMI Lead Signature:
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NOTE: ANY ITEM RATED "UNSATISFACTORY" OR "NO", REQUIRES AN EXPLANATION

DESIGN

13. Group/Firm Responsible for the Design: _____

14. Could job be worked/completed per the design: Yes No

Explain: _____

15. Job was worked from: Design Drawings Sketch Other: _____

16. Evaluation of design: Satisfactory Unsatisfactory

Explain: _____

SCHEDULING

17. Evaluation of scheduling: Satisfactory Unsatisfactory

Explain: _____

18. Date to COSS:	19. Scheduled Completion Date:	20. Field Work Completion Date:
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21. Final Inspection Date: _____

QUALITY OF WORK

22. Satisfactory Unsatisfactory

Explain: _____

PROJECT MANAGEMENT

23. Did contractor satisfy FWR requirements by scheduled completion date: Yes No

Explain: _____

24. Did contractor avoid unplanned disruption to building occupants: Yes No

Explain: _____

25. Did contractor provide FWR submittals per contract requirement: Yes No

Explain: _____

26. Did contractor provide adequate reporting per requirements in contract: Yes No

Explain: _____

27. Detail of Unsatisfactory Findings:
