

**REQUEST FOR PROPOSALS FOR  
PROFESSIONAL GRADE TOOLS & DIAGNOSTIC EQUIPMENT**

Issued by the **State of Oklahoma**  
**Solicitation Number OK-MA-818-23**



**OKLAHOMA**  
Office of Management  
& Enterprise Services

**Attachment N**

**Past Performance Verification**

**Supplier is to have this filled out by 3 separate government contract clients and returned with their response to the solicitation. Failure to submit this for 3 clients will result in your response not being considered.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Name and title)*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Subject: Past Performance Survey of: \_\_\_\_\_  
*Vendor requesting verification*

As a part of the evaluation process, past performance information is requested to be provided. The information will be used to assist in the selection of vendors for awards. Rate each of the criteria on a scale of 1 to 5. Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.

|                           |  |
|---------------------------|--|
| <b>Exceptional (5)</b>    | Best-in-class performance. Performance met all contract requirements and exceeded several to the customer's benefit. No issues were encountered.             |
| <b>Very Good (4)</b>      | Performance met all contract requirements and exceeded some to the customer's benefit. There were a few minor issues, which were negligible.                 |
| <b>Satisfactory (3)</b>   | Performance met contract requirements. There were some minor issues, and corrective actions taken by the contractor were acceptable.                         |
| <b>Marginal (2)</b>       | Performance did not meet the contractual requirements. There were issues, some of a serious nature, for which corrective action was only somewhat effective. |
| <b>Unsatisfactory (1)</b> | Performance did not meet contractual requirements. There were serious issues and the contractor's corrective actions were ineffective.                       |

|   |  |                |    |
|---|--|----------------|----|
| Organization Name:                            |  |                |    |
| Contract Name:                                |  | Dollar Amount: | \$ |
| Duration of Contract (Date/Year – Date/Year): |  |                |    |

| NO | CRITERIA   | Rated |  |
|----|--|-------|--|
| 1  | Rate the Quality of customer service   |       |  |
| 2  | Rate the Professionalism of the employees including prompt response to inquiries                           |       |  |
| 3  | Rate their Ability to complete deliveries on time or early   |       |  |
| 4  | Rate the Quality of products   |       |  |
| 5  | Rate their Ability to manage (includes responses and prompt payment to their merchants and subcontractors) |       |  |
| 6  | Rate their Ability to follow the customer's delivery requirements.   |       |  |
| 7  | Rate the Supplier's geographic coverage ability to deliver to all of your locations.                       |       |  |
| 8  | Rate the value-added services provided.  |       |  |
| 9  | Rate your overall satisfaction during the contract period.   |       |  |
| 10 | Rate the performance of the Supplier's products as compared to that of its competitors.                    |       |  |
| 11 | Rate the Supplier's ordering procedures.   |       |  |
| 12 | Rate the timeliness of parts delivery  |       |  |
| 13 | Rate responsiveness of authorized dealers servicing this line of equipment.                                |       |  |

**COMMENTS:**

Please indicate here any special instances where the client went out of their way to help you in a situation, i.e. delivery, shipping, emergency response, special purchase.

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Email of Evaluator

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Signature of Evaluator