CONSULTANT EVALUATION - CONSTRUCTION SERVICES

North Dakota Department of Transportation, Bridge Division

SFN 51242 (Rev. 10-2007)

PCN | | | | | |

Project Number	
Project Description	
Consultant Project Manager	Consulting Firm and Address
NDDOT Technical Advisor	
Consultant Fee Original Contract Fee $	Final Contract Fee $

INSTRUCTIONS: Review the consultant's performance on this project. Rate the following items on a scale of 1to5 (1=Exceptional, 2=Exceeds Standards, 3=Satisfactory, 4=Marginal, 5=Unsatisfactory, NA= Not Applicable). Add comments if rating is Exceptional or Unsatisfactory.

Rating	
_____	**1. Preconstruction Conference** Did the consultant take charge of scheduling and conducting the prejob conference? Were all necessary items covered? Are meeting minutes accurate? Etc.:
_____	**2. Supervision and Problem Resolution** Did the consultant have the proper level of management on the project? Did the consultant's employees assigned to the project have adequate experience and training? When possible, were issues resolved at the project level? Etc.:
_____	**3. Communication** Did the consultant communicate well with the DOT and the contractor? Was there adequate communication with other agencies concerned with the project? Was the consultant courteous and helpful in dealing with the general public? Etc.:

Rating	
_____	**4. Sampling and Testing** Were all samples taken and tests run that were specified? Was testing performed correctly? Did the consultant follow through with failing test results? Etc.:
_____	**5. Records and Estimates** Were records thorough and complete? Were the pay estimates correct? Were estimates and records submitted in a timely manner? Etc.:
_____	**6. Compliance with Plans and Specifications** Was the project built according to the plans and specifications? Did the consultant use good engineering judgement in interpreting the plans and specifications? Etc.:
_____	**7. Timely Completion of the Project** Was the project final submitted in a timely manner? Etc.::
_____	**8. Overall Project Rating** Rate the overall performance on the project, based on the above questions and subjective scrutiny? Etc.:

X_____ _____
Division/District Representative Date

X_____ _____
Division/District Engineer Date

X_____ _____
City/County Representative Date

Comments

Reviewed by:

X _____ _____
Division/District Representative Date

X _____ _____
City/County Representative Date