

ASSESSMENT FORM FOR CLEANING CONTRACTOR'S PERFORMANCE

Note:

1. This form is to be completed by an assessing officer representing the Service Buyer (i.e. Superintending Officer/ Person-in-charge with a managerial position).
2. Please complete all fields in the form. For areas that are not applicable, please indicate "NIL" or "N.A."

Project Title/ Description of Work: <i>Provision of Cleaning Service to Liberty Insurance Pte Ltd.</i>		
Name of Service Buyer: <i>Liberty Insurance Pte Ltd.</i>		
Name of Managing Agent (if applicable): <i>N.A.</i>		
Name of Cleaning Contractor: <i>AO ServicePro Pte Ltd</i>		
Name of Cleaning Sub-contractor (if applicable): <i>N.A.</i>		
Contract Sum, \$ (entire contract period): <i>\$123,000.00</i>	Contract Commencement Date (dd/mm/yyyy): <i>01/01/2015</i>	Contract Completion Date (dd/mm/yyyy): <i>31/12/2015</i>



Performance Assessment Criteria	Multiplier Factor (a)	Performance Factor (b) (Between 0 to 10)	Performance Score (a) × (b)
MANAGEMENT (65%)			
Planning and control - Adherence to cleaning schedule and standards	2	8	16
Documentation of work	0.5	5	2.5
Response to instructions	1.5	7	10.5
Provision of supervision	1.5	5	7.5
Administrative support	0.5	7	3.5
Internal performance monitoring system	0.5	7	3.5
MANPOWER (15%)			
Competent workforce	1.5	6	9
EQUIPMENT (20%)			
Proper tool, equipment and uniform	1	9	9
Adequate maintenance (of tools and equipment)	1	9	9
TOTAL SCORE^{1,2}			70.5

¹ Please refer to the following page for the Performance Grade.

² To qualify for Clean Mark award, the cleaning contractor must achieve an average of 65 and 75 points, or more, for Clean Mark Silver and Clean Mark Gold, respectively.

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Other comments on Contractor's performance, if any:

Name of Assessor* <i>(Superintending Officer)</i>	:	Phua Wang
Designation	:	Manager
Email Address	:	103@... .sg
Contact Number	:	633...886
Company Stamp	:	
Signature	:	
Date	:	25/2/2015

Total Score	Performance Grade
81 to 100	Excellent
71 to 80	Very Good
61 to 70	Good
51 to 60	Satisfactory
0 to 50	Poor

* Please complete the following if the Superintending Officer is not of a managerial position.

Name of Counter-signing Officer <i>(Managerial and above)</i>	:	
Designation	:	
Email Address	:	
Contact Number	:	
Company Stamp	:	
Signature	:	
Date	:	