

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: Term Contract for Cleaning Services at 1 Clementi Loop for a Period of Two (2) Years		
Name of Service Buyer: Mapletree Facilities Services Pte Ltd		
Name of Managing Agent (if applicable): N.A.		
Name of Cleaning Contractor: AO ServicePro Pte Ltd		
Name of Cleaning Sub-contractor (if applicable): N.A.		
Contract Sum, \$ (entire contract period):	Contract Commencement Date (dd/mm/yyyy): 01/02/2015	Contract Completion Date (dd/mm/yyyy): 31/01/2017

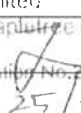
Performance Assessment Criteria	Multiplier Factor (a)	Performance Factor (b) (Between 0 to 10)	Performance Score (a) x (b)
MANAGEMENT (65%)			
Planning and control - Adherence to cleaning schedule and standards	2	8	16
Documentation of work	0.5	8	4
Response to instructions	1.5	8	12
Provision of supervision	1.5	8	12
Administrative support	0.5	8	4
Internal performance monitoring system	0.5	8	4
MANPOWER (15%)			
Competent workforce	1.5	8	12
EQUIPMENT (20%)			
Proper tool, equipment and uniform	1	8	8
Adequate maintenance (of tools and equipment)	1	8	8
TOTAL SCORE^{1,2}			80

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>	:	Andy Tan
Designation	:	Assistant Manager
Email Address	:	andy.tan@mapletree.com.sg
Contact Number	:	6651640
Company Stamp	:	Mapletree Facilities Services Pte Ltd Property Manager for DBS Trustee Limited As Trustee of Mapletree Industrial Trust
Signature	:	
Date	:	25/2

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	:	