



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: Provision of Cleaning Service to Springleaf Tower		
Name of Service Buyer: The MCST Plan No. 2793		
Name of Managing Agent (if applicable): DTZ Facilities & Engineering (S) Limited		
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): 01/01/2014	Contract Completion Date (dd/mm/yyyy): 31/12/2015


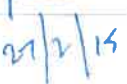
Performance Assessment Criteria	Multiplier Factor (a)	Performance Factor (b) (Between 0 to 10)	Performance Score (a) x (b)
MANAGEMENT (65%)			
Planning and control			
- Adherence to cleaning schedule and standards	2	7	14
Documentation of work	0.5	10	5
Response to instructions	1.5	7	10.5
Provision of supervision	1.5	7.5	11.25
Administrative support	0.5	10	5
Internal performance monitoring system	0.5	9	4.5
MANPOWER (15%)			
Competent workforce	1.5	8	12
EQUIPMENT (20%)			
Proper tool, equipment and uniform	1	9	9
Adequate maintenance (of tools and equipment)	1	9	9
TOTAL SCORE^{1,2}			80.25

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>	: <i>Eric Njeri</i>	Total Score	Performance Grade
Designation	: <i>Executive</i>		
Email Address	: <i>eric.njeri@kenyaenv.gov</i>	71 to 80	Very Good
Contact Number	: <i>62264356</i>	61 to 70	Good
Company Stamp	: 	51 to 60	Satisfactory
Signature	: 	0 to 50	Poor
Date	: <i>21/2/15</i>		

* 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	: