

# INDUSTRIAL CONTRACTING SERVICES INC.

## Project Evaluation Form

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project:** \_\_\_\_\_ **Job:** \_\_\_\_\_

**Project Manager:** \_\_\_\_\_

<b>Please Evaluate (circle) the following:</b>	<b>Exceptional</b>	<b>Very Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unsatisfactory</b>
1. Compliance with Corporate & OSHA Safety Requirements.	_____	_____	_____	_____	_____
2. Conformance to schedule – completion on time	_____	_____	_____	_____	_____
3. Customer facilities left in satisfactory condition.	_____	_____	_____	_____	_____
4. Courtesy, cooperation and professional experience.	_____	_____	_____	_____	_____
5. Prompt and effective resolution of problems and concerns.	_____	_____	_____	_____	_____
6. Final product/project appearance and function.	_____	_____	_____	_____	_____
7. General office support – phone contact and follow up.	_____	_____	_____	_____	_____
8. Desire to consider Industrial Contracting services for repeat business.	_____	_____	_____	_____	_____

If you are unhappy with any service we have provided, would you be willing to meet with me to discuss it?

YES ( \_\_\_ ) NO ( \_\_\_ )

Comments: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**1640 Commerce Road, Holland Ohio 43528 Phone : 419/866-5065 FAX: 419/866-3501**