

Subcontractor Evaluation Sheet

Subcontractor Information

Company Name:	<input type="text"/>	Contact Person:	<input type="text"/>
Project Name:	<input type="text"/>	Date:	<input type="text"/>

Evaluation Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Timeliness	<input type="text"/>	<input type="text"/>
Safety Compliance	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>

General Comments

Evaluator Details

Evaluator Name:	<input type="text"/>	Signature:	<input type="text"/>
-----------------	----------------------	------------	----------------------