## Florida DEP - Division of Waste Management - Petroleum Restoration Program

## SITE OWNER/RESPONSIBLE PARTY CONTRACTOR PERFORMANCE SURVEY FORM

| FD                    | DEP Facility No Factorial Fac | cility Name:                       |                  |                        |  |
|-----------------------|---|------------------------------------|------------------|------------------------|--|
| FD                    | DEP Contract No.: FD  | DEP Task Assignment/Purchase Order | r (PO) No.:      |                        |  |
| Fa                    | acility Address:  |                                    |                  |                        |  |
| FDEP Contractor Name: |   | FDEP Contractor ID No:             |                  |                        |  |
| Na                    | ame and Title of Owner/RP Representative Co   | ompleting Survey:                  |                  |                        |  |
| Ch                    | heck All Applicable: Property Owner   | Facility Owner and/or _            | Respo            | nsible Party           |  |
| Re                    | Representative Signature: Survey Completion Date: _   |                                    |                  |                        |  |
| Co                    | ontractor Performance Evaluation Survey   |                                    |                  |                        |  |
| 1.                    | The contractor did a good job communicating general project details, schedules, status and  |                                    |                  | $\Box 2 \Box 1 \Box 0$ |  |
|                       | reports. (Consistently good = 2, Some concerns = 1, No c applicable = NA)   | communications = 0, Not            |                  | □n/a                   |  |
| 2.                    | The contractor provided sufficient notice of on-site activities related to assessment or cleanup. (Timely notices = 2, Some untimely notices = 1, No notices for on-site activities = 0, Not applicable (NA)  |                                    |                  | □2 □1 □0<br>□n/a       |  |
| 3.                    | The contractor effectively oversaw and coordinated on-site work to maintain reasonable ingress and egress and minimize disruption to facility operation and use. (Good oversight/coordination = 2, Some limited disruptions = 1, Operation/use impacted = 0, Not applicable = $NA$ )  |                                    |                  | □2 □1 □0<br>□n/a       |  |
| 4.                    | The contractor and subcontractors appeared to follow reasonable safety protocols for their staff and equipment, facility occupants, vehicle traffic and the general public. (Protocols consistently followed = $2$ , Protocols inconsistently followed = $1$ , Failed to follow safety protocols = $0$ , Not applicable = NA)   |                                    |                  | □2 □1 □0<br>□n/a       |  |
| 5.                    | The contractor took reasonable precautions to prevent or avoid damage to structures or other facility assets while performing on-site work.  (No damage = 2, Minor damage = 1, Damage from inadequate precautions = 0, Not applicable = NA)   |                                    |                  | □2 □1 □0<br>□n/a       |  |
| 6.                    | The contractor satisfactorily restored/repaired any damage to structures or other facility assets that m have occurred while performing on-site work.  (Satisfactory = 2, Minor unresolved damage = 1, Ongoing impacts damage = 0, Not applicable = NA)   |                                    |                  | □2 □1 □0<br>□n/a       |  |
| 7.                    | If applicable, the contractor reasonably complied to this facility (i.e., security checks or special sc airports, seaports, etc.). (Reasonable compliance = 2, Limited Noncomplia by noncompliance = 0, Not applicable = NA)  | chedule requirements for schools,  |                  | □2 □1 □0<br>□n/a       |  |
|                       | <b>Section Total</b> =  |                                    |                  |                        |  |
|                       | <u>Section Score</u> (Section Total / No. of Relevant Items) =  |                                    |                  |                        |  |
|                       | ocumentation is required for any significant non-performates estions, the Department Site Manager for this project is   |                                    | d 1 or less). If | you have any           |  |
| Sit                   | te Manager:   |                                    |                  |                        |  |
| Ph                    | none:   |                                    |                  |                        |  |
| <b>L</b> -1           | mail:   | <del></del>                        |                  |                        |  |

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