PAST PERFORMANCE INFORMATION QUESTIONNAIRE
ATTACHMENT 009
SOLICITATION NUMBER
W52H09-04-R-0187

If this form is used and more room is required, you may use the space at the bottom of the second page or continue on a separate sheet. If this form is used the offeror must provide a copy of the questionnaire for each contract submitted for performance risk evaluation. Information provided will be discussed with the points of contact provided.

1. REFERENCED CONTRACT NUMBER _____ Award Date _____ Contractor Name_____

2. Contracting Activity: (Government or Commercial)
   (Address)_____

3. Contract Dollar Value: _____

4. Points of Contact:

   a. Procuring Contracting Officer
      (Name) _____
      (Email)_____
      (Phone)_____
      (FAX) _____

   b. Current Admin Contracting Officer
      (Name) _____
      (Email)_____
      (Phone)_____
      (FAX) _____

   c. Government Quality Assurance Representative (QAR)
      (Name) _____
      (Email)_____
      (Phone)_____
      (FAX) _____

   d. Industrial Specialist
      (Name) _____
      (Email)_____
      (Phone)_____
      (FAX) _____

   e. Other (Private Firm, Company President or other POC)
      (Name) _____
      (Email)_____
      (Phone)_____
      (FAX) _____

5. Was the contract terminated or cancelled (in whole or part)? YES or NO If yes, why?
_____
_____

6. Description of Item:
   a. Item: _____
   b. Part Number: _____
   c. NSN: _____

7. The following is the offeror's description of the work performed under this contract. Please comment on the accuracy of the information and detail any disagreements. The Government must determine if this description **is relevant** to our solicitations requirements.

_____
_____
_____

8. Were there any instances where quality or schedule requirements were not met? If so, please explain. If not, please state "none".

_____
_____
_____

9. Delivery Data:

a. Original Delivery Schedule: Start Date: _____ End Date: _____
b. Revised Delivery Schedule: Start Date:_____ End Date: _____
(ii) State reason for revision of schedule: _____
_____
_____

c. Contract Delivery Status: Please check proper description

___ On Time ___ Delinquent ____ Product Delivered and Paper Delay
___ Government Caused ___ Contractor Caused ____ Other/Explain

_____
_____

d. Contract Delinquency Age Status: Please check proper description

___ 15-30 Days Delinquent ___ 31-60 Days Delinquent
___ 61-90 Days Delinquent ___ Over 90 Days Delinquent

10. Were there any problems encountered in the performance of the contract, conforming to specifications and to standards of good workmanship that negatively impacted the customer? If so, please describe. In addition, list the Quality Deficiency Report (QDR) number (if applicable) and describe the deficiency, include a description of corrective actions implemented as a result of the problem encountered.

_____
_____
_____

11. Overall, are there any deficiencies, weakness, or strengths in the contractor's workmanship/quality, timeliness of performance, and adherence to contract delivery schedules?

_____
_____
_____

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