

**INTERAGENCY MOBILE SHOWER FACILITIES  
PERFORMANCE EVALUATION**

Reference: FAR 42.15

Contractor and Unit No.:		Contract No: _____
		Incident Name: _____
		Inclusive Dates: _____
<b>Ratings:</b> Provide detailed comments regarding each evaluation factor below.		
Quality of Services	Comments:	
Equipment	Comments:	
Timeliness of Performance	Comments:	
Business Relations: Working With Government And Other Contractors	Comments:	

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PERFORMANCE EVALUATION (CONTINUATION SHEET)**

Key Personnel Performance: Name:	Comments:
Name:	Comments:
Name:	Comments:
Would you select this contractor again, given the choice? Explain.	
Rating Official Name/Title: _____ Signature: _____ Phone Number: _____ Date: _____ E-Mail Address: _____	
Contractor Representative Name/Title: _____ Signature: _____ Phone Number: _____ Date: _____	

Form 1276-G (4/04)  
NFES 2743

**Any Contractor comments regarding this performance evaluation must be submitted, in writing, to the Contracting Officer within 30 days of receipt by the Contractor's Representative.**