



EMERGENCY RESPONSE PROJECT SCORECARD

Vendoe Name _____
 Project Name _____
 Project Location _____
 Project Date _____
 Project Manager _____

Category	Description	Rating	Score
Communication	Did the vendor assign a dedicated Account Manager	Yes = 1, No = 2	
	Did the Account Manager respond to all inquiries quickly and completely	Yes = 1, No = 2	
	Was the Account Manager courteous and knowledgeable	Yes = 1, No = 2	
Responsiveness	Rate how quickly the vendor acknowledged the request	< 1 hr. = 1, < 2hr = 2, > 2 hrs. = 3	
	Rate how quickly the SOW was submitted for approval	< 8 hrs. = 1, < 24 hrs.- 2, >24 hrs. = 3	
	Rate how quickly the team of technician was deployed on site	<24 hrs. = 1, < 48 hrs.= 2, > 48 hrs. = 3	
Safety	Rate if the technicians had all PPE and necessary equipment	Yes = 1, No = 2	
	Did the repairs/ remediation pass local inspection (if applicable)	Yes = 1, No = 2	
Job Completion	Was the project completed per SOW	Yes = 1, No = 2	
	Was the project completed on time	Yes = 1, No = 2	
	Was the project completed on budget	Yes = 1, No = 2	
Documentation	Did the vendor provide a detailed SOW	Yes = 1, No = 2	
	Was the SOW per the standarsized agreement	Yes = 1, No = 2	
	Did the vendor provide before pictures	Yes = 1, No = 2	
	Did the vendor provide after pictures	Yes = 1, No = 2	
	Did the vendor upload the required document into repair management software	Yes = 1, No = 2	
Pricing	Did the vendor invoice match the approved SOW	Yes = 1, No = 2	
	Did the vendor invoice include all necessary information	Yes = 1, No = 2	
	Did the vendor invoice include all necessary information	Yes = 1, No = 2	
	Did the vendor upload the vendor within designated time frame	Yes = 1, No = 2	
Total Project Score			
Target Score			