

CONTRACTOR EVALUATION CHECKLIST

Professional Contractor Prequalification & Performance Review

Use this checklist to assess and compare contractors before appointment or during project review.

Project Name : _____	Project ID : _____	Location : _____	Contractor Name : _____
Trade / Category : _____	Contact Person : _____	Evaluation Date : _____	Evaluated By : _____

1. COMPANY PROFILE & REGISTRATION

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Valid company registration available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Tax registration / NTN / VAT documents provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Relevant licenses / certifications valid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Office address and contact details verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Years of business experience acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Organization profile / portfolio submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. EXPERIENCE & PAST PROJECTS

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Similar project experience available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Experience in required project type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. List of completed projects provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Client references shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Performance on past projects satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Capability for project scale confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. TECHNICAL CAPABILITY

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Qualified technical staff available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Site engineer / supervisor assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Required equipment / tools available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Method of work clearly understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Drawings / specifications review capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Quality control process in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. MANPOWER & RESOURCE AVAILABILITY

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Skilled labor availability confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Subcontractor dependency disclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Material supply coordination capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Mobilization readiness acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Capacity to meet project workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Backup resources available if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. QUALITY, SAFETY & COMPLIANCE

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Safety policy / PPE compliance ensured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Quality standards understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Testing / inspection cooperation available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Site housekeeping commitment acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Legal / regulatory compliance confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Insurance / liability coverage available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. COMMERCIAL & TIME PERFORMANCE

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Quotation submitted clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. BOQ / rate breakdown provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Payment terms acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Proposed timeline realistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Ability to meet milestones confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Variation / claim handling approach clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. COMMUNICATION & COORDINATION

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Communication response time acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Reporting format agreed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Coordination with consultant/client feasible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Meeting participation commitment confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Problem-solving attitude satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Documentation / record submission capability available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

8. FINAL EVALUATION

CHECKPOINTS	YES	NO	N/A	REMARKS
1. Overall technical suitability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Overall commercial suitability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Overall reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Recommended for shortlisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Recommended for appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Further review required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FINAL ASSESSMENT

<p> Strengths : _____</p> <p> Weaknesses / Risks : _____</p> <p> Recommendation : _____</p>	<p>Overall Rating (Choose One)</p> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Excellent</div> <div style="text-align: center;"> Good</div> <div style="text-align: center;"> Average</div> <div style="text-align: center;"> Weak</div> </div>
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Evaluator Signature _____	Reviewed By _____	Date ____ / ____ / ____
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