Clear Form

Retrieve Data

CONSULTANT RATING / EVALUATION - HYDRAULICS

Des No.: _____ Structure: _____ Date: _____

Project Manager: _____

RFC Date: _____ Proj. Coordinator: _____

◉ Lead or ○ Sub Consultant Responsible for Deliverable

Route: _____ District: _____

Contract No.: _____ Kin: _____ Work Type: _____

Description: _____

REVIEW POINTS

◉ 1. Stage 1

○ 2. Special _____

REVIEWER'S RATING ITEMS

Design Concept:	NA
Design Elements:	NA
Plan/Report Quality:	NA
Documentation of Work:	NA
Responsiveness	NA

+2 Exceed Expectations
0 Satisfactory
-1 Improvement Required
-3 Unsatisfactory

DIRECTIONS TO CONSULTANT

Make A Selection

Other: _____

Reviewer's Signature: _____ Date: _____

Reviewer's Printed Name: _____

Reviewer's Telephone.: _____