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|---|---------------------------|---|
| #NAME? | |  |
| Tender/Quotation: | EES WORKSHOP ROOF REPAIRS | |
| Requisition Number: | | |
| Technical Evaluation Team (TET): | | |
| Date: | | |

| Technical & Project Scorecard | | | | Suppliers | | | | | | Suppliers | | | | | | | |
|-------------------------------|---|---|-----------|---------------------------|----------------|---------------------------|----------------|---------------------------|----------------|---------------------------|----------------|---------------------------|----------------|---------------------------|----------------|---------------------------|----------------|
| | | | | | | | | | | | | | | | | | |
| Item | | Criteria | Weighting | Score | Weighted score | Score | Weighted score | Score | Weighted score | Score | Weighted score | Score | Weighted score | Score | Weighted score | Score | Weighted score |
| 1 | ILLEGIBILITY | CIDB requirement 1GB "supply proof & valid" | Yes/No | | | | | | | | | | | | | | |
| 2 | Lead Time To complete Task | 3 days = 15%, 4-5 days =10 %,> than 5 days=0% | 15% | | | | | | | | | | | | | | |
| 3 | Competency (Certification to operate manlift, working Heights. | Provided =15%, Not provided= 0% | 15% | | | | | | | | | | | | | | |
| 4 | Experience / Competency. Previous References with purchase orders. | 4 > work tasks = 25%, < than 4 work task = 10%, Not provided = 0% | 25% | | | | | | | | | | | | | | |
| 5 | Warrantee or Guarantee on all replaced components & workmanship | >= 36 months = 20%; <than 36 months = 10%; <= 12 months = 0%; | 20% | | | | | | | | | | | | | | |
| 6 | Compliance to Scope [detailed written submission/ Methodology] method statement | Good = 10%, Fair = 5%, Poor=0% | 10% | | | | | | | | | | | | | | |
| 7 | Risk assesment [detailed written submission] | Included = 15%, not included 0% | 15% | | | | | | | | | | | | | | |
| TOTAL SCORE | | | 100% | | | | | | | | | | | | | | |
| EVALUATION | | EVALUATION CRITERIA (80% and above technically acceptable) | | Acceptable / Unacceptable | | Acceptable / Unacceptable | | Acceptable / Unacceptable | | Acceptable / Unacceptable | | Acceptable / Unacceptable | | Acceptable / Unacceptable | | Acceptable / Unacceptable | |
| | | | | EVALUATION RESULTS | | | | | | EVALUATION RESULTS | | | | | | | |

Recommended By:

| | |
|--------------------------------|-----------------------------------|
| Name: | Name: |
| Designation: Technical Manager | Designation: Technical Supervisor |
| Sign:_____ | Sign:_____ |
| Date:_____ | Date:_____ |