**Instructions to Evaluators:**

This form is to be completed when evaluating potential Contracting Employers to assess their project/service experience.

Contracting Employers must provide examples of their project experience for three projects in the form below. The form will need to be completed for each technical category chosen. Ensure to indicate the specific technical category being assessed.

**Applicable to Schedule and Technical Category**

|  |  |  |
| --- | --- | --- |
| **Previous Project/Municipal Experience** | | |
| **If operated under previous company name:** |  | |
| **If operated under previous WCB account** |  | |
| **Project 1** | | |
| **Project Title:** |  | |
| **Location:** |  | |
| **Start Date:** |  | |
| **Project Value:** | **$** | |
| **Name of Project Superintendent:** |  | |
| **Name of Project Manager:** |  | |
| **Description:** |  | |
| **Owner (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Consultant (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Project 2** | | |
| **Project Title:** |  | |
| **Location:** |  | |
| **Start Date:** |  | |
| **Project Value:** | **$** | |
| **Name of Project Superintendent:** |  | |
| **Name of Project Manager:** |  | |
| **Description:** |  | |
| **Owner (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Consultant (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Project 3** | | |
| **Project Title:** |  | |
| **Location:** |  | |
| **Start Date:** |  | |
| **Project Value:** | **$** | |
| **Name of Project Superintendent:** |  | |
| **Name of Project Manager:** |  | |
| **Description:** |  | |
| **Owner (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Consultant (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Project 4** | | |
| **Project Title:** |  | |
| **Location:** |  | |
| **Start Date:** |  | |
| **Project Value:** | **$** | |
| **Name of Project Superintendent:** |  | |
| **Name of Project Manager:** |  | |
| **Description:** |  | |
| **Owner (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Consultant (Reference)** | **Organization Name:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Overall Findings and Recommendations/Follow ups** | | |
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