

Himalayan

DESIGN CONSULTANT PERFORMANCE EVALUATION REPORT

Wisconsin Department of Transportation
DT1558 12/2005 Ch. 84 Wis. Stats.

State Project ID 1033-02-00	Master Contract ID – If Applicable 0690-62-91	Work Order No. – If Applicable 7
Region / Bureau SE Region	County Racine	Construction Year
Highway STH 20/I-94 Interchange	Project Name Phase 1 Haz Mat	
Consultant Project Manager Gopal Adhikary	Area Code - Telephone Number 262-502-0066	Subconsultant(s) None
Consultant Name and Address Himalayan Consultants N116 W16150 Main Street PO Box 693 Germantown, WI 53022		<input type="checkbox"/> Resurface <input type="checkbox"/> Recondition <input type="checkbox"/> Reconstruct <input type="checkbox"/> Pavement Replacement <input type="checkbox"/> Major <input type="checkbox"/> Bridge Maintenance <input type="checkbox"/> Brg Rehab <input type="checkbox"/> Bridge Replacement <input type="checkbox"/> SHRM <input checked="" type="checkbox"/> Other Haz Mat
Description of Work Performed by Consultant Environmental Data, Haz mat Assessment		
Description of Work Performed by Subconsultant N/A		
Evaluation Period From 6/01/2007 To 12/09/2007	Percent of Project Complete Final 100 Post Construction	
DOT Supervisor/Team Leader Don Berghammer	DOT Project Manager Mike Cape	Project Complexity <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

CONTRACT DATA

Type of Contract <input checked="" type="checkbox"/> 2 Party <input type="checkbox"/> 3 Party with (Municipality)	Number of Amendments 0
Date Contract Approved 2-20-07	Original Contract Completion Date May 14, 2007
Date Actual Completion	

Rating of Structure Plans by CO Bridge (Maximum 5)

Average Design Consultant Rating - To nearest tenth

EVALUATION

1 = Unacceptable 2 = Below average 3 = Satisfactory 4 = Above average 5 = Outstanding

EVALUATION CRITERIA

- * Performance evaluation should be completed at least on an annual basis, more often if needed and upon contract completion.
- * Rate each of the five performance items on the following pages based on the evaluation criteria (1-5) listed above.
- * Indicate performance level by checking one of the options: exceeds, satisfactory or needs improvement. Consider the questions listed below each performance item and any unique issues where applicable.
- * Comments pertaining to each item shall be entered in the space provided below each item.
- * General comments or suggestions and comments from other specialty areas should be considered and attached if needed.
- * A post-construction evaluation should be made when necessary for design projects. Adjustments to scores and ratings if necessary could be made based on the results and experience encountered during construction.
- * Evaluation scores are recorded and kept on file in the Bureau of Financial Services for use in future selection processes.
- * Evaluation of subconsultant should be considered and completed as needed.
- * If project had a structure, contact Central Office Bridge for rating score.

EVALUATION

1. PROJECT MANAGEMENT - Check as appropriate.

Exceeds	Satisfactory	Needs Improvement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: Rate the consultant's representative you contact.

Was the consultant project manager/leader in control of the services provided to WisDOT?

Did the consultant project manager/leader assign appropriate staff to the services?

Was the communication between the consultant project manager/leader and the Department staff adequate?

Was the coordination with subconsultants and others involved in the project adequate?

Considering the above questions the overall **Rating is: (Maximum 5)**

5

Comments/Unique issues

2. HUMAN RELATIONS - Check as appropriate.

Exceeds	Satisfactory	Needs Improvement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Was consultant responsive to requests from the Department and other reviewing agencies?

Was consultant cooperative?

Did consultant react well to criticism?

Was it easy to work with consultant?

Was consultant courteous and helpful in dealing with the general public and agencies?

Did the consultant effectively develop the Public Involvement Plan?

Did the consultant properly represent WisDOT?

Considering the above questions the overall **Rating is: (Maximum 5)**

5

Comments/Unique issues

EVALUATION

3. ENGINEERING SKILLS, Other - Check as appropriate.

Exceeds	Satisfactory	Needs Improvement	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did consultant's services reflect good engineering practice?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were good engineering thought and sound judgment applied?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were innovative or original concepts proposed where the opportunity presented itself?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the evaluation of alternatives and trial solutions adequate?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the consultant work well independently, without significant help from Department staff?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were routine details properly utilized on this project?

Considering the above questions the overall **Rating is: (Maximum 5)**

5

Comments/Unique issues

4. QUALITY OF WORK - Check as appropriate.

Exceeds	Satisfactory	Needs Improvement	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the product reflect compliance with FDM procedures and requirements?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was a quality control plan in effect and is there evidence it was followed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were studies and reports complete and accurate? This includes surveys, quantities, estimates and special provisions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was work well organized, properly presented, clear and concise?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were all PS&E submittal items (including plans) complete, accurate, and in compliance with DOT procedure in the FDM? (Make comments.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were errors or omissions, numerous, serious, significant or costly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did project result in the expenditure of reasonable time by Department staff?

Considering the above questions the overall **Rating is: (Maximum 5)**

5

Comments/Unique issues

EVALUATION

5. TIMELINESS - Check as appropriate.

Exceeds	Satisfactory	Needs Improvement	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did consultant keep the Department informed of project work and schedule status?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did consultant meet final contract time requirements?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did consultant meet intermediate submittal dates?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did consultant make timely requests for amendments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA	Did the consultant submit PS&E items (including final plans) with agreed upon lead time to meet PS&E dates?

Considering the above questions the overall Rating is: (Maximum 5)

5

Comments/Unique issues

Would you have reservations selecting this firm again for this type of project?

ABSOLUTELY NOT!

Describe strengths/weaknesses and provide suggestions for improvement.

HIMALAYAN HAS DONE THE BEST JOB FOR HAZMAT ASSESSMENT ON WISDOT PROJECTS. I CAN'T THINK OF ANOTHER FIRM WHOSE WORK IS OF HIGHER QUALITY, EFFICIENCY, OR PROFESSIONALISM.

Was this evaluation done at a face-to-face meeting?

NO


 (Evaluator - WISDOT Signature)

MIKE CAPE

12/20/07
 (Date)

(Reviewer - Consultant Signature)

(Date)

* IT WILL BE TO THE WISDOT'S ADVANTAGE TO WORK WITH HIMALAYAN WHENEVER POSSIBLE ON FUTURE PROJECTS.

Himalayan

DESIGN CONSULTANT PERFORMANCE EVALUATION REPORT

Wisconsin Department of Transportation
 DT 1558 12/2005 Ch. 84 Wis. Stats.

State Project ID 1032-14-00	Master Contract ID - If Applicable 0690-62-91	Work Order No. - If Applicable 9
Region / Bureau SE Region	County Kenosha	Construction Year
Highway STH 158/I-94 Interchange	Project Name Phase 2 Haz Mat	
Consultant Project Manager Gopal Adhikary	Area Code - Telephone Number 262-502-0066	Subconsultant(s) None
Consultant Name and Address Himalayan Consultants N116 W16150 Main Street PO Box 693 Germantown, WI 53022		<input type="checkbox"/> Resurface <input type="checkbox"/> Recondition <input type="checkbox"/> Reconstruct <input type="checkbox"/> Pavement Replacement <input type="checkbox"/> Major <input type="checkbox"/> Bridge Maintenance <input type="checkbox"/> Brg Rehab <input type="checkbox"/> Bridge Replacement <input type="checkbox"/> SHRM <input checked="" type="checkbox"/> Other Haz Mat
Description of Work Performed by Consultant Environmental Data, Haz mat Assessment - Phase 2		
Description of Work Performed by Subconsultant N/A		
Evaluation Period From 07/02/2007 To 10/02/2007	Percent of Project Complete Final 100 Post Construction	
DOT Supervisor/Team Leader Don Berghammer	DOT Project Manager Mike Cape	Project Complexity <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

CONTRACT DATA

Type of Contract <input checked="" type="checkbox"/> 2 Party <input type="checkbox"/> 3 Party with (Municipality)	Number of Amendments 0
Date Contract Approved 6-27-07	Original Contract Completion Date October 15, 2007
Date Actual Completion	

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ABSOLUTELY NOT

Describe strengths/weaknesses and provide suggestions for improvement.

NO WEAKNESS THAT I'M AWARE OF. HIMALAYAN DOES AN OUTSTANDING JOB.

Was this evaluation done at a face-to-face meeting?

NO


MIKE CAPE
(Evaluator - WIDOT Signature)

12/20/07
(Date)

(Reviewer - Consultant Signature)

(Date)

* HIMALAYAN HAS PROVIDED EXCEPTIONAL SERVICES TO THE WISDOT, THEIR WORK IS OF THE HIGHEST QUALITY.