

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
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Comments/Unique issues

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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.