

SSPC CERTIFIED INSPECTOR PERFORMANCE EVALUATION FORM

Inspector's Name _____ Company Name _____

Please evaluate the inspector for your project only:

Project No. _____ Dates on Site _____ through _____

Name of Inspector _____

Owner Representative on Job _____

I. Safety

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|---------------------------------|
| <ul style="list-style-type: none"> Inspector meets safety requirements of OSHA or other public agencies and has good safety practices without constant owner reminder. | Yes | <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| | Usually | <input type="checkbox"/> | Describe: _____ |
| | Usually Not | <input type="checkbox"/> | _____ |
| | No | <input type="checkbox"/> | _____ |

II. Quality of Work/Service

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|---------------------------------|
| <ul style="list-style-type: none"> Inspector enforces quality/service requirements of the specs and ensures good painting practices occur without constant reminder by the owner. | Yes | <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| | Usually | <input type="checkbox"/> | Describe: _____ |
| | Usually Not | <input type="checkbox"/> | _____ |
| | No | <input type="checkbox"/> | _____ |
| <ul style="list-style-type: none"> Inspector has deliberately allowed violations of the specification requirements. | Yes | <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| | Usually | <input type="checkbox"/> | Describe: _____ |
| | Usually Not | <input type="checkbox"/> | _____ |
| | No | <input type="checkbox"/> | _____ |
| <ul style="list-style-type: none"> Inspector's work is of poor quality. | Yes | <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| | Usually | <input type="checkbox"/> | Describe: _____ |
| | Usually Not | <input type="checkbox"/> | _____ |
| | No | <input type="checkbox"/> | _____ |
| <ul style="list-style-type: none"> Inspector communicates with owner when necessary. | Yes | <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| | Usually | <input type="checkbox"/> | Describe: _____ |
| | Usually Not | <input type="checkbox"/> | _____ |
| | No | <input type="checkbox"/> | _____ |
| <ul style="list-style-type: none"> Inspector meets overall inspection schedule and has necessary equipment to perform the work. | Yes | <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| | Usually | <input type="checkbox"/> | Describe: _____ |
| | Usually Not | <input type="checkbox"/> | _____ |
| | No | <input type="checkbox"/> | _____ |
| <ul style="list-style-type: none"> Inspector's work requires close supervision to ensure acceptable performance is occurring. | Yes | <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| | Usually | <input type="checkbox"/> | Describe: _____ |
| | Usually Not | <input type="checkbox"/> | _____ |
| | No | <input type="checkbox"/> | _____ |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <ul style="list-style-type: none"> Inspector has documentation that supports the performance of the contractor. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| III. Ethical Practice | | |
| <ul style="list-style-type: none"> Inspector meets ethical practice requirements. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| <ul style="list-style-type: none"> Inspector has committed fraud. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| <ul style="list-style-type: none"> Inspector has altered reports, documents, or test results. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| <ul style="list-style-type: none"> Inspector has been convicted of a felony (e.g., bribery) related to surface preparation and coatings operations of the business. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| <ul style="list-style-type: none"> Reports have been issued of ethical practice violations by the inspector. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| <ul style="list-style-type: none"> Inspector has completed work on time and within generally accepted practices. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| <ul style="list-style-type: none"> Would you recommend this inspector to other owners. | Yes <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> No <input type="checkbox"/> | Unsure <input type="checkbox"/> Describe: _____ _____ _____ |
| <ul style="list-style-type: none"> Owner's rating of inspector at end. | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> | |

Comments:

Thank you for your cooperation and support. SSPC will follow up on areas found to be deficient.

Print Name

Print Title

Date

Signature