

EAZ-33-5-0014

**ATTACHMENT 3****PRESENT/PAST PERFORMANCE QUESTIONNAIRE****SECTION A: CONTRACTOR INFORMATION**

A. Contractor's Name and Address: Avino Construction, Inc.  
339 Larkfield Road, East Northport, NY 11731

B. Point of Contact: Michael C. Avino, President

C. Phone #: (631) 757-2271

D. Contract Number: NAS5-99102 Contract Type: Competitive Bid

E. Project Title:

Repair Taxiway 4/22 Approaches, N-159 Area, Wallops Island, VA

F. Period of Performance: 09/20/99 - 02/18/00

G. Brief Description/Scope of Services provided:

Remove and replace approximately 3,000 sf of steel reinforced concrete, 12" thick for approach to taxiway 4/22. Project was completed in 7 business days.

H. Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.



\_\_\_\_\_  
Signature of Authorized Contractor Representative

01/17/05

\_\_\_\_\_  
Date

Michael C. Avino, President  
Printed Name and Title of Authorized Contractor Representative

**RESPONDENT INFORMATION:**

A. Name: Jerry Wall

B. Position: Contracting Officer

C. Telephone Number: (757) 824-1232 Email Address: Jerry.T.Wall.1@gssc.nasa.gov

D. Address: Wallops Flight Facility, Code 228  
Wallops Island, VA 23337

E. Relationship and Time Involved with Contractor: \_\_\_\_\_

F. Date Questionnaire Completed: 1-20-05

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E	VG	S	N	M	U
Excellent	Very Good	Satisfactory	Neutral	Marginal	Unsatisfactory

CONTRACT PERFORMANCE							
1.	Working relationship with your Company	<input checked="" type="radio"/> E	VG	S	N	M	U
2.	Did the contractor provide experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
3.	Exhibited knowledge of and compliance with government (or other) regulations and industry standards	<input checked="" type="radio"/> E	VG	S	N	M	U
4.	Did the contractor provide and properly maintain operational equipment throughout the term of the contract? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
5.	Did the contractor demonstrate the ability to hire, maintain, and replace, if necessary qualified personnel during the contract? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
6.	Does the contractor provide timely and accurate records?	<input checked="" type="radio"/> Yes		No		N/A	
7.	How well did the contractor comply with Environmental, Safety, health and security requirements	<input checked="" type="radio"/> E	VG	S	N	M	U
8.	Would you award similar contracts to this contractor (If no, Please explain in remarks)	<input checked="" type="radio"/> Yes		No		N/A	
9.	Contractor's Overall Performance	<input checked="" type="radio"/> E	VG	S	N	M	U
QUALITY OF SERVICE/CONTROL							
1.	Contractor's accomplishment in meeting the quality standards	<input checked="" type="radio"/> E	VG	S	N	M	U
2.	Did the contractor provide an effective quality control plan or inspection procedures to meet contract requirements? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
3.	Overall Quality of Service/Control	<input checked="" type="radio"/> E	VG	S	N	M	U
TIMELINESS OF PERFORMANCE							
1.	Was the job/contract started and completed on time? If not, explain	<input checked="" type="radio"/> Yes		No		N/A	
2.	Did the contractor have a system or method to track progress on all work in progress?	<input checked="" type="radio"/> Yes		No		N/A	

REMARKS: If additional remarks are necessary, please attach an additional sheet.

*Excellent, timely and work of high quality! Would welcome  
 advise construction for additional contracts at any time.  
 J. Well*