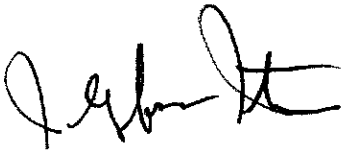


**PAST PERFORMANCE QUESTIONNAIRE**

**SECTION A: CONTRACTOR INFORMATION**

- A. Contractor's Name and Address: Avino Construction, Inc.  
339 Larkfield Road, East Northport, NY 11731
- B. Point of Contact: Jeff S. Intoci, Vice President
- C. Phone #: (631) 757-2271
- D. Contract Number: 50-4568-04-0005 Contract Type: IDIQ
- E. Project Title: Construct Bath Houses
- F. Period of Performance: 03/24/04 – Sch. 01/25/05
- G. Brief Description/Scope of Services provided: Civil, sitework, general construction, site utilities, plumbing, mechanical and electrical
- H. Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.



January 12, 2005

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

\_\_\_\_\_  
Date

Jeff S. Intoci, Vice President  
Printed Name and Title of Authorized Contractor Representative

**RESPONDENT INFORMATION:**

- A. Name: Jan Walthall, USDA Forest Service
- B. Position: Contracting Officer
- C. Telephone Number: 828-257-4293 Fax Number: 828-257-4876
- D. Address: Southern Research Station  
P.O. Box 2750  
Asheville, NC 28802
- E. Relationship and Time Involved with Contractor: 1 year, CO for IDIQ task order
- F. Date Questionnaire Completed: 1/13/2005

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

**CONTRACT PERFORMANCE**

	E	VG	S	N	M	U
1. Working relationship with your Company		X				
2. Did the contractor provide experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements? If no, please explain.	Yes		No		N/A	
3. Exhibited knowledge of and compliance with government (or other) regulations and industry standards	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.	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.	Yes		No		N/A	
6. Does the contractor provide timely and accurate records?	Yes		No		N/A	
7. How well did the contractor comply with Environmental, Safety, health and security requirements	E	<del>VG</del>	S	N	M	U
8. Would you award similar contracts to this contractor (If no, Please explain in remarks)	Yes		No		N/A	
9. Contractor's Overall Performance	E	VG	S	N	M	U

**QUALITY OF SERVICE/CONTROL**

1. Contractor's accomplishment in meeting the quality standards	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.	Yes		No		N/A	
3. Overall Quality of Service/Control	E	VG	S	N	M	U

**TIMELINESS OF PERFORMANCE**

1. Was the job/contract started and <del>completed</del> on time?. If not, explain <i>are on schedule</i>	Yes		No		N/A	
2. Did the contractor have a system or method to track progress on all work in progress?	Yes		No		N/A	

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

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*This form is part of a formal contract/solicitation proceeding and must be received by the Contracting Office not later than 4:30 pm Local Time on January 27, 2005.*