ATTACHMENT 3
REFERENCE QUESTIONNAIRE
REFERENCE’S RESPONSE TO:
ITB #20200311
Hazardous Waste Disposal Services

REFERENCE NAME (Company/Organization): ________________________________

OFFEROR (Vendor) NAME (Company/Organization): __________________________ has submitted a bid to Idaho State University, to provide the following services, Pick Up and Disposal of Hazardous and High Hazardous Materials/Chemicals. We’ve chosen you as one of our references.

INSTRUCTIONS

1. Complete Section I. RATING using the Rating Scale provided.

2. Complete Section II. GENERAL INFORMATION (This section is for information only and will not be scored.)

3. Complete Section III. ACKNOWLEDGEMENT by manually signing and dating the document. (Reference documents must include an actual signature.)

4. E-mail or fax THIS PAGE and your completed reference document, SECTIONS I through III to:

   ITB Lead: Wendy Holder, Buyer
   E-mail: holdwend@isu.edu
   Fax: 208-282-4722

5. This completed document MUST be received no later than ____4/24/2020____ at 5:00 p.m. (Mountain Time). Reference documents received after this time will not be considered. References received without an actual signature will not be accepted.

6. DO NOT return this document to the Offeror (Vendor).

7. In addition to this document, the University may contact references by phone or e-mail for further clarification, if necessary.

*The University reserves the right to contact any school, organization, or client that used your services whither or not you have provided their contact information.
Section I. RATING

Using the Rating Scale provided below, rate the following numbered items by circling the appropriate number for each item:

<table>
<thead>
<tr>
<th>Rating Scale</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or Inadequate Performance</td>
<td>0</td>
</tr>
<tr>
<td>Below Average</td>
<td>1–3</td>
</tr>
<tr>
<td>Average</td>
<td>4–6</td>
</tr>
<tr>
<td>Above Average</td>
<td>7–9</td>
</tr>
<tr>
<td>Excellent</td>
<td>10</td>
</tr>
</tbody>
</table>

Circle ONE number for each of the following numbered items:

1. Rate the overall quality of the vendor’s services:
   10 9 8 7 6 5 4 3 2 1 0

2. Rate the response time of this vendor:
   10 9 8 7 6 5 4 3 2 1 0

3. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. (This pertains to delays under the control of the vendor):
   10 9 8 7 6 5 4 3 2 1 0

4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:
   10 9 8 7 6 5 4 3 2 1 0

5. Rate the knowledge of the vendor’s assigned staff and their ability to accomplish duties as contracted:
   10 9 8 7 6 5 4 3 2 1 0

6. Rate the accuracy and timeliness of the vendor’s billing and/or invoices:
   10 9 8 7 6 5 4 3 2 1 0

7. Rate the vendor’s ability to quickly and thoroughly resolve a problem related to the services provided:
   10 9 8 7 6 5 4 3 2 1 0
8. Rate the vendor’s flexibility in meeting business requirements:

10 9 8 7 6 5 4 3 2 1 0

9. Rate the likelihood of your company/organization recommending this vendor to others in the future:

10 9 8 7 6 5 4 3 2 1 0

10. Rate your satisfaction with the representative assigned to your account.

10 9 8 7 6 5 4 3 2 1 0

Section II. GENERAL INFORMATION

1. Please include a brief description of the services provided by this vendor:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. During what time period did the vendor provide these services for your business?

Month:_______ Year:_________ to Month:_______ Year:_________

Section III. ACKNOWLEDGEMENT

I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:

________________________________________________________________________
Signature of Reference                                    Date

________________________________________________________________________
Print Name                                                  Title

___________________________________________________________
Phone Number