



SSPC USE ONLY
Date Verified: _____
Staff Verified: _____

SSPC CERTIFIED INSPECTOR PERFORMANCE EVALUATION FORM

BCI Inspector's Name _____ Company _____

Project No. _____ Dates on Site _____ through _____

Name of Evaluator _____

Owner/Representative on Job _____

Please evaluate the inspector for your project only:

I. Safety <ul style="list-style-type: none"> Inspector meets safety requirements of OSHA or other agencies and has good safety practices without constant owner reminder 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____
II. Quality of Work/Service	
<ul style="list-style-type: none"> Inspector enforced quality/service requirements of the specs and ensures good painting practices occur without constant reminder by the owner. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____ _____
<ul style="list-style-type: none"> Inspector has deliberately allowed violations of the specification requirements. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____ _____
<ul style="list-style-type: none"> Inspector's work is of poor quality. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____ _____
<ul style="list-style-type: none"> Inspector communicates with owner when necessary. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____ _____
<ul style="list-style-type: none"> Inspector meets overall inspection schedule and has necessary equipment to perform the work. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____ _____
<ul style="list-style-type: none"> Inspector's work requires supervision to ensure acceptable performance is occurring. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____ _____
<ul style="list-style-type: none"> Inspector has documentation that supports the performance of the contractor. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____ _____

III. Ethical Practice	
• Inspector meets ethical practice requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____
• Inspector has committed fraud.	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____

• Inspector has altered reports, documents, or test results.	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____
• Inspector has been convicted of a felony (e.g. bribery) related to surface preparation and coatings operations of the business.	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____
• Reports have been issued of ethical practice violations by the inspector.	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____
• Inspector has completed work on time and within generally accepted practices.	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____
• Would you recommend this inspector to other owners?	Yes <input type="checkbox"/> No <input type="checkbox"/> Usually <input type="checkbox"/> Usually Not <input type="checkbox"/> Describe: _____
• 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