

Reference Check Worksheet

Customer's Name: _____ Date Contacted: _____

What work did this customer have done? _____

When was the work completed? _____

Did the customer consider other contractors before hiring this one? Yes No

If yes, why was this contractor chosen? _____

What responsibilities did the contractor have for this project? _____

How does the customer rate the contractor's performance in the following areas:

	Excellent	Good	Fair	Poor
Overall quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept to budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept to schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept work site clean and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept customer informed of progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided good advice and suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolved any problems satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was easy to talk and work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliver what was promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was the best aspect of working with this contractor?

Did the customer have problems with any aspect of the contractor's work or service?

Do they recommend this contractor and, if they needed additional work done, would they hire this contractor again? Yes No