

AV Vendor SLA Scorecard

Score each criterion 0-max points. Total = 100. Developed from 20+ years of enterprise AV program management experience.

VENDOR INFORMATION

Vendor Name: _____ **Contract #:** _____ **Eval Date:** _____

Evaluated By: _____ **Site / Scope:** _____ **Vendor Tier:** _____

Category	Criterion	Max	Score	Notes / Evidence
Response Tiers (20 pts)	P1 Critical response < 4 hrs, 24x7 on-site commitment	6		
	P2 High priority response < 8 hrs business hours	5		
	P3 Standard response < NBD, documented in contract	5		
	Response SLA applies to executive/C-Suite spaces specifically	4		
Escalation Paths (15 pts)	Documented L1-L2-L3-vendor escalation matrix in contract	5		
	Named escalation contacts provided, not just a hotline	5		
	Escalation path tested and verified in past 12 months	5		
Parts Availability (15 pts)	Critical spare parts stocked at local depot or on-site	6		
	Parts SLA < 4 hrs for Tier 1 critical components	5		
	EOL / legacy parts commitment documented	4		
Remote Diagnostics (10 pts)	Remote monitoring and fault detection capability	4		
	Proactive alerting before user-reported failure	3		
	Remote resolution rate documented (target > 40%)	3		
PM Coverage (15 pts)	Dedicated project/program manager assigned to account	5		
	Monthly SLA performance reporting provided	5		
	Quarterly business reviews (QBR) included in contract	5		
Executive Escalation (10 pts)	Executive sponsor / VP-level contact named in SLA	5		
	Executive escalation trigger criteria defined (<2 hr)	5		
Penalty Clauses (10 pts)	Financial penalties for SLA breach documented	4		
	Service credits auto-applied, not manual claim required	3		
	Penalty caps and dispute resolution process defined	3		
Renewal Terms (5 pts)	Price lock or cap on renewal increase (< 5% annually)	3		
	30+ day written notice required for material SLA changes	2		

TOTAL SCORE **100** 0-59 = Fail | 60-74 = Marginal | 75-89 = Good | 90-100 = Best

0-59 UNACCEPTABLE	60-74 MARGINAL	75-89 ACCEPTABLE	90-100 BEST-IN-CLASS
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Reviewed By: _____ **Title:** _____ **Recommendation:** _____ **Date:** _____