**Contractor Safety Evaluation Form**

This form is for the evaluation of contractor safety programs prior to contract agreement. If you attach any supporting documentation to this form, please notate it by checking here: [ ]  Documentation attached

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| --- | --- |
| Hiring Company: | Location: |
| Completed By: | Date: |
| **General Contractor Information** |
| Company Name: |
| Address: |
| Phone: | Email: |
| Does the contractor have general liability insurance? | [ ]  Yes [ ]  No |
| Does the contractor have worker’s compensation insurance? | [ ]  Yes [ ]  No |
| List the certifications and licenses that the contractor has and the expiration date for each: |
| **License or certification** | **Date of expiration** |
|  |  |
| **Documentation and Recordkeeping** |
| Does the contractor have all the necessary work permits for the contract job? | [ ]  Yes [ ]  No |
| Does the contractor have a written safety plan? | [ ]  Yes [ ]  No |
| Does the contractor have a record of all past health and safety violations and citations? | [ ]  Yes [ ]  No |
| Does the contractor have detailed records of past safety inspections? | [ ]  Yes [ ]  No |
| Does the contractor have a written emergency safety plan? | [ ]  Yes [ ]  No |
| Does the contractor keep detailed safety training records? | [ ]  Yes [ ]  No |
| Are the contractor’s training records up to date? | [ ]  Yes [ ]  No |
| Rate the quality of the contractor’s documents:  | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent |
| **Policies and Procedures** |
| **Rate the quality of each component of the contractor’s safety program:** |
| Enforcement of safety policies | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Legal and regulatory compliance | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Safety training program | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Roles and responsibilities for safety  | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Emergency response procedure  | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Incident reporting and follow-up  | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Hazard identification and assessment | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Hazard communication procedures/method | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Risk mitigation protocols | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| PPE and equipment maintenance | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Incident investigation | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| Corrective and preventive action (CAPA) plan | [ ]  Insufficient [ ]  Acceptable [ ]  Excellent [ ]  N/A |
| **Evaluation Results** |
| After thorough evaluation, this contractor’s safety program, documentation, and compliance:[ ]  Do not meet standard [ ]  Do meet standards [ ]  Exceed standardsIf the contractor’s safety program does not meet standards, explain why below:  |
| Completed by: | Signature: | Date: |