**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 standards  If the contractor’s safety program does not meet standards, explain why below: | | | | |
| Completed by: | Signature: | | Date: | |