

## CONTRACTOR SELECTION

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Contractor name: \_\_\_\_\_

Contract address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

On-site contractor supervisor  
title/telephone number: \_\_\_\_\_

Description of contractor's duties: \_\_\_\_\_

*Contractor's safety and health program (mark all that apply):*

<input type="checkbox"/>	Safety coordinator	<input type="checkbox"/>	Employee safety meetings
<input type="checkbox"/>	Written safety program	<input type="checkbox"/>	OSHA compliance program
<input type="checkbox"/>	On-site safety inspections	<input type="checkbox"/>	Personal protective equipment use enforced
<input type="checkbox"/>	Safety training	<input type="checkbox"/>	Copy of contractor safety program attached
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

*Contractor's safety performance*

	Year to date	Previous year	Comments
Total OSHA reportable case rate			
Total OSHA lost work day case rate			
Total lost work day cases away from work			
Fatalities			
Worker's compensation insurance experience modification rate			
OSHA inspections			
OSHA citations			

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<i>Contractor informed of hazards of the process by:</i>			
Title:		Date:	
<input type="checkbox"/>	Potential fire hazards	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Potential explosion hazards	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Potential toxic release hazards	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Contractor:

<input type="checkbox"/>	Approved by: _____	Date: _____
<input type="checkbox"/>	Disapproved by: _____	Date: _____

<i>Contractor informed of emergency plans by:</i>			
Title:		Date:	
<input type="checkbox"/>	Emergency action plan	<input type="checkbox"/>	Emergency exits, ways of egress
<input type="checkbox"/>	Fire prevention plan	<input type="checkbox"/>	Accountability system
<input type="checkbox"/>	Emergency alarms	<input type="checkbox"/>	Emergency notification system
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Contractor:

<input type="checkbox"/>	Approved by: _____	Date: _____
<input type="checkbox"/>	Disapproved by: _____	Date: _____

<i>Contractor informed of safe work practices by:</i>			
Title:		Date:	
<input type="checkbox"/>	Lockout/tagout	<input type="checkbox"/>	Hazard communication
<input type="checkbox"/>	Confined space entry	<input type="checkbox"/>	Electrical safe work practices
<input type="checkbox"/>	Opening process equipment or piping	<input type="checkbox"/>	Materials handling

Process area entrance control	Other:
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Contractor:

	Approved by: _____	Date: _____
	Disapproved by: _____	Date: _____

Contractor responsibilities:

Contractor injury and illness log

- [ ] Contractor notified to provide records of all contract employees injuries and illness (OSHA Recordable) so that a log can be maintained.
- [ ] Contractor notified to report serious injuries immediately.
- [ ] Contractor employer shall assure that each contract employee is trained in the work practices necessary to safely perform his or her job.
- [ ] Contract employer shall assure that each contract employee is instructed in the known potential fire, explosion, or toxic release hazards related to his or her job and the process, and the applicable provisions of the emergency action plan.
- [ ] Contract employer shall document that each contract employee has received and understood the training required by OAC 3745-104.
- [ ] Contract employer shall assure that each contract employee follows the safety rules and procedures of the facility, including the safe work practices per OAC 3745-104.
- [ ] Contract employer shall advise facility management of any unique hazards presented by the contract employer's work, or of any hazards found by the contract employer's work.

\_\_\_\_\_

*Prepared by*

\_\_\_\_\_

*Reviewed by*

\_\_\_\_\_

*Title*

\_\_\_\_\_

*Title*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Date*

## CONTRACTOR EVALUATION FORM

Contractor:	Date:		
Prepared by (name/title/phone no):			
<b>SECTION 1: Project Description</b>			
Facility:	Process:		
Project description:			
<b>SECTION 2: Evaluation</b> <i>(for all "no" answers, provide comments in space provided below)</i>		Acceptable? (Circle answer)	
Contractor consistently adhered to facility safety policies and procedures	Yes	No	n/a
Contractor obtained all necessary permits prior to initiating work	Yes	No	n/a
Contractor completed all monitoring as required by permits (i.e., hot work, confined space, etc.)	Yes	No	n/a
Contractor followed access control procedures	Yes	No	n/a
Contractor used required personal protective equipment at all times	Yes	No	n/a
Contractor provided adequate staffing to complete job safely	Yes	No	n/a
Contractor provided adequate supervision to complete job safely	Yes	No	n/a
Contractor used proper tools for all tasks as required	Yes	No	n/a
Contractor informed plant superintendent/project engineer of any project changes	Yes	No	n/a
Contractor maintained a clean job site (i.e., demonstrated good housekeeping)	Yes	No	n/a
<b>SECTION 3: Comments</b>			
<b>SECTION 4: Contractor Rating</b>	Circle Answer		Date
Overall contractor safety rating	Satisfactory	Unsatisfactory	