|  |  |
| --- | --- |
|  | **CONTRACTOR PRE-WORK EVALUATION** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Today’s Date: [Date] | | | | | | | | | | **PROJECT DETAILS** | | | | | | | | | | Project No.: *Enter project no.* | |  | | Project Name: *Enter project name* | | | |  | | Projected Start Date: | |  | | Projected End Date: | | | |  | | **CONTRACTOR DETAILS** | | | | | | | | | | Contractor Representative Name: *Enter representative* | | | Company/Business Name:  *Enter company name* | | | Previous Company/Business Name:  *Enter previous company name* | | | | Total Case Rate (TCR) for the last year: *Enter TCR for previous year* | Days Away, Restricted, or Transferred (DART) Rate for the last year: *Enter DART for previous year* | | Number of all regulatory citations for the last year: *Enter no. of citations* | | Number of all unresolved citations in the last year: *Enter no. of citations* | | Total USD fines incurred in the last year: *Enter value of citations* | | |  | | |  | |  | |  | | | Total number of ALL worker fatalities reported to OSHA by the company: *Enter no. of fatalities* | | | Total number of company environmental citations in the last year: *Enter no. of citations* | | Brief description or nature of circumstances to which the previous year’s safety or environmental fines were applied: | | | | | **CONTRACTOR SAFETY MANAGEMENT SYSTEM-ASSESSMENT CRITERIA** | | | | | | | | | | Has the company/business or associated subcontractors ever been placed in the OSHA Severe Violator Enforcement Program. | | | | | | | Yes  No | | | A company Health and Safety Policy is current and in use, and a copy will be located at the worksite. | | | | | | | Yes  No | | | ***Contractor Competence and Training:*** | | | | | | |  | | | A General Orientation is provided to all contract workers prior to work start. | | | | | | | Yes  No | | | A New Employee Safety and Health Orientation is provided for all contract workers. | | | | | | | Yes  No | | | ***On-Site Safety Operations:*** | | | | | | |  | | | A site-specific safety plan is reviewed by all workers including sub-contractors. | | | | | | | Yes  No | | | An OHSA qualified supervisor will be always present on the project site. | | | | | | | Yes  No | | | Worksite safety inspections are conducted on a regular basis by a qualified supervisor. | | | | | | | Yes  No | | | Assessments of work practices are conducted on a regular basis by a qualified supervisor. | | | | | | | Yes  No | | | ***Worksite Hazard Management:*** | | | | | | |  | | | Use of personal protective equipment is always required. | | | | | | | Yes  No | | | Use of warning signage, barriers, and fall guarding is required. | | | | | | | Yes  No | | | Project safety management planning and safe work practices are required. | | | | | | | Yes  No | | | Regular Safety Meetings or Toolbox sessions are held with all workers. | | | | | | | Yes  No | | | New hazards in the workplace are identified and communicated to all workers. | | | | | | | Yes  No | | | Site-specific and hazard-specific Emergency Response procedures are practiced, and plans will be located at the worksite. | | | | | | | Yes  No | | | Safety Data Sheets (SDS) are available for all hazardous materials used in the workplace and will be located at the worksite. | | | | | | | Yes  No | | | ***Incident Reporting and Documentation:*** | | | | | | |  | | | A written Accident Reporting Procedure for all workers is in use. | | | | | | | Yes  No | | | Incident reporting requirements and training is provided to all workers. | | | | | | | Yes  No | | | All safety incidents and accidents will immediately be reported to university contacts. | | | | | | | Yes  No | | | **Contractor Certification of Information** | | | | | | | | | | Additional comments: | | | | | | | | |   The above information is true and valid to the best of my knowledge.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  | Contractor Representative |  | Date |  | |

|  |
| --- |
| **Evaluation (OSU use only)** |
| Comments: |