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|  | **CONTRACTOR PRE-START EVALUATION** |

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| Today’s Date: [Date] |
| **PROJECT DETAILS** |
| Project No.: *Enter project no.* |  | Project Name: *Enter project name* |  |
| Estimated Start Date: |  | Estimated End Date: |  |
| **CONTRACTOR DETAILS** |
|  Company/Business Name:  *Enter company name* | Contractor Representative Name: *Enter representative name* |
| No. of all injury cases for last year: *Enter no. of cases* | Total no. of regulatory citations for last year: *Enter no. of citations*  | No. of unresolved citations for the last year: *Enter no. of citations* | No. of OSHA recordable cases for the last year: *Enter no. of cases* |
|  |  |  |  |
| No. of worker fatalities for the last year: *Enter no. of fatalities* | Total fines incurred in the last year: *Enter value of citations* | General description of work to be undertaken:  |
| **INSURANCE REQUIREMENTS** |
| Ohio Worker’s Compensation Coverage insurance current |  | Professional indemnity insurance current |  |
| Public liability insurance sighted and current |  | Other coverages: |
| **CONTRACTOR SAFETY MANAGEMENT SYSTEM-ASSESSMENT CRITERIA** |
| Is a Health & Safety Policy or Safety Work Plan in use, including a permit system? |  |
| Does your company currently have a Drug and Alcohol program in use, including testing procedures? |  |
| ***Contractor competence & training:*** |  |
| A General Orientation is provided to all contractor/sub-contractors workers prior to work. |  |
| A New Employee Safety Practices Orientation is provided for all contractor workers. |  |
| ***On-Site Operations:*** |  |
| A Site-specific safety plan is reviewed by all persons including contractors and sub-contractors. |  |
| An OHS competent person and/or qualified supervisor will be on the project site at all times. |  |
| Worksite safety inspections are conducted on a regular basis by a qualified supervisor. |  |
| Assessments of the work methods and practices are conducted on a regular basis by a qualified supervisor. |  |
| ***Worksite Hazard Management:*** |  |
| Use of personal protective equipment is required. |  |
| Use of warning signage, barriers, guards, is required. |  |
| Site safety management planning and safe work methods are required. |  |
| New hazards in the workplace are identified and communicated to employees. |  |
| Regular Safety Meetings or Tool Box sessions are held with all contract workers. |  |
| Site-specific Emergency Response Procedures are understood and practiced.  |  |
| Safety Data Sheets (SDSs) are available for hazardous materials on site. |  |
| ***Hazard/Incident Reporting and Investigation:*** |  |
| On-going Safety training is provided for employees. |  |
| A written Accident Reporting Procedure is in use. |  |
| All safety incidents and accidents are immediately reported. |  |
| **EVALUATION SUMMARY** |
| Contractor meets above listed criteria. |  |
| If no, Contractor advised of information needed to meet criteria: |  |
| Additional Comments:  |

The above information is true and valid to the best of my knowledge.

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|  |  | Signature |  | Date |  |

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