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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.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  | Signature |  | Date |  | |