

# Engineering Vendor Safety Record Evaluation Form

## Vendor Information

Vendor Name

Contact Person

Contact Number

Evaluation Date

## General Safety Performance

Years in Business

OSHA Recordable Incidents (past 3 years)

Lost Time Incident Rate (LTIR)

Total Recordable Incident Rate (TRIR)

## Safety Program

Does the vendor have a written safety policy/program?

Does the vendor provide safety training for employees?

## Incident History (Past 3 Years)

| Year | Total Hours Worked | Number of Reportable Incidents | Number of Lost Time Incidents |
|------|--------------------|--------------------------------|-------------------------------|
|      |                    |                                |                               |
|      |                    |                                |                               |
|      |                    |                                |                               |

## Additional Comments

Comments

Evaluator Information

Evaluator Name

Evaluator Signature

Date