

Contractor Safety Evaluation Checklist

Contractor Name

Project Name

Date

General Information

Item	Yes	No	N/A	Comments
Does the contractor have a current safety policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are all workers trained in safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are safety meetings held regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Personal Protective Equipment (PPE)

Item	Yes	No	N/A	Comments
Are workers provided with necessary PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Is PPE inspected and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Hazard Control

Item	Yes	No	N/A	Comments
Are hazards identified and assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are controls implemented for identified risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments

Evaluator Name

Signature