**Contractor Safety Evaluation Form**

**Project and Contractor Information  
Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Safety Compliance Review**

1. **Safety Training and Preparedness:**
   * **Has the contractor provided adequate safety training to all personnel?  
     ☐ Yes ☐ No**
   * **Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Use of Personal Protective Equipment (PPE):**
   * **Was PPE worn at all necessary times?  
     ☐ Always ☐ Mostly ☐ Rarely ☐ Never**
3. **Hazard Identification and Risk Assessment:**
   * **Did the contractor actively assess and mitigate hazards?  
     ☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement**

**Safety Incident Record**

| **Incident Type** | **Number of Incidents** | **Actions Taken** | **Resolution Achieved** |
| --- | --- | --- | --- |
| **Slips and Falls** |  |  |  |
| **Equipment Malfunction** |  |  |  |
| **Hazardous Material Exposure** |  |  |  |
| **Other** |  |  |  |

**Safety Culture and Leadership  
4. Did the contractor demonstrate leadership in promoting a safety culture?  
☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree**

**General Safety Comments  
Additional comments regarding safety performance or areas for improvement:**

**Evaluator Signature  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**