

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: _____