



Contractor Safety Evaluation

Employee Training					
Do you have a written orientation program? <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, please provide an outline or lesson plan					
Does your orientation program contain the following topics?					
	Yes	No		Yes	No
General Rules & Regulations			Drug & Alcohol Policy		
Responsibility for Health & Safety			Incident Reporting		
Right to Refuse Work			Safe Rigging		
WHMIS			Trenching & Excavation		
Personal Protective Equipment			Signs & Barricades		
Housekeeping / daily			Fire Prevention & Protection		
Ladders & Scaffolds			Hand & Power Tools		
Aerial Work Platforms			Compressed Gas cylinders		
			Confined Space Entry		
Do you have a program for training newly hired or promoted supervisors?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit an outline for evaluation					
Does your program contain instruction on the following?					
	Yes	No		Yes	No
Employer Responsibilities			Work Refusals		
Employee Responsibilities			Drug & Alcohol Policy		
Due Diligence			New Worker Training		
H & S Leadership			Hazard Assessment		
H & S Communication & Meetings			Toolbox meeting		
Inspection Processes			First Aid		
Emergency Procedures			Environmental Requirements		
Incident Investigation			Reporting Requirements		
Safe Work Procedures			Other		
H & S Meetings			Other		
Do you conduct H & S inspections? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					

Worker's Signature

Supervisor's Signature

Date: _____