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|  | **CONTRACTOR PRE-WORK EVALUATION** |

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| Today’s Date: [Date] |
| **PROJECT DETAILS** |
| Project No.: *Enter project no.* |  | Project Name: *Enter project name* |  |
| Projected Start Date: |  | Projected End Date: |  |
| **CONTRACTOR DETAILS** |
|  Contractor Representative Name: *Enter representative* | Company/Business Name:  *Enter company name*  | Previous Company/Business Name:  *Enter previous company name* |
| Total Case Rate (TCR) for the last year: *Enter TCR for previous year*  | Days Away, Restricted, or Transferred (DART) Rate for the last year: *Enter DART for previous year*  | Number of all regulatory citations for the last year: *Enter no. of citations*  | Number of all unresolved citations in the last year: *Enter no. of citations* | Total USD fines incurred in the last year: *Enter value of citations* |
|  |  |  |  |
| Total number of ALL worker fatalities reported to OSHA by the company: *Enter no. of fatalities* | Total number of company environmental citations in the last year: *Enter no. of citations* | Brief description or nature of circumstances to which the previous year’s safety or environmental fines were applied: |
| **CONTRACTOR SAFETY MANAGEMENT SYSTEM-ASSESSMENT CRITERIA** |
| Has the company/business or associated subcontractors ever been placed in the OSHA Severe Violator Enforcement Program. | [ ]  Yes [ ]  No |
| A company Health and Safety Policy is current and in use, and a copy will be located at the worksite. | [ ]  Yes [ ]  No |
| ***Contractor Competence and Training:*** |  |
| A General Orientation is provided to all contract workers prior to work start. | [ ]  Yes [ ]  No |
| A New Employee Safety and Health Orientation is provided for all contract workers. | [ ]  Yes [ ]  No |
| ***On-Site Safety Operations:*** |  |
| A site-specific safety plan is reviewed by all workers including sub-contractors. | [ ]  Yes [ ]  No |
| An OHSA qualified supervisor will be always present on the project site. | [ ]  Yes [ ]  No |
| Worksite safety inspections are conducted on a regular basis by a qualified supervisor. | [ ]  Yes [ ]  No |
| Assessments of work practices are conducted on a regular basis by a qualified supervisor. | [ ]  Yes [ ]  No |
| ***Worksite Hazard Management:*** |  |
| Use of personal protective equipment is always required. | [ ]  Yes [ ]  No |
| Use of warning signage, barriers, and fall guarding is required. | [ ]  Yes [ ]  No |
| Project safety management planning and safe work practices are required. | [ ]  Yes [ ]  No |
| Regular Safety Meetings or Toolbox sessions are held with all workers. | [ ]  Yes [ ]  No |
| New hazards in the workplace are identified and communicated to all workers. | [ ]  Yes [ ]  No |
| Site-specific and hazard-specific Emergency Response procedures are practiced, and plans will be located at the worksite. | [ ]  Yes [ ]  No |
| Safety Data Sheets (SDS) are available for all hazardous materials used in the workplace and will be located at the worksite. | [ ]  Yes [ ]  No |
| ***Incident Reporting and Documentation:*** |  |
| A written Accident Reporting Procedure for all workers is in use. | [ ]  Yes [ ]  No |
| Incident reporting requirements and training is provided to all workers. | [ ]  Yes [ ]  No |
| All safety incidents and accidents will immediately be reported to university contacts.  | [ ]  Yes [ ]  No |
| **Contractor Certification of Information**  |
| Additional comments:  |

The above information is true and valid to the best of my knowledge.

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|  |  | Contractor Representative |  | Date |  |

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| **Evaluation (OSU use only)** |
| Comments:  |