



## J-AAR Subcontractor Safety Performance Evaluation

Subcontractor Name:

Project Name:

Project Number:

Performance:	Deficient	Satisfactory	Very Good	Exceptional	N/A
1. Did subcontractor submit Contractor Information Package?					
2. Did subcontractor submit ROT's?					
3. Did all workers attend safety orientation?					
4. Were daily hazard assessments effective?					
5. Were weekly safety meetings held?					
6. Were workers competent for their assigned tasks?					
7. Did workers complete work in a safe manner?					
8. Were they compliant with safe work procedures/practices?					
9. Were they compliant with program permit requirements?					
10. Rate the tool and equipment condition and availability					
11. Was required PPE available and worn by workers?					
12. Rate their overall housekeeping					
13. Were incidents reported and investigated as per policies?					
14. Were corrective actions developed and communicated?					
15. Rate their response to safety guidance/directions given?					

### Did subcontractor use any subcontractors of their own?

<b>No</b>		<b>Yes</b>		<b>(if Yes, complete a separate form for each subcontractor)</b>
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Should this subcontractor remain on approved contractor list? Provide reason:

Performance Evaluation completed by:

Date:

Signature:

### Top Management Feedback

Provide any additional information on subcontractor:

Manager:

Date:

Signature: