



Contractor Safety Management Post Job Evaluation

| | | | |
|----------------------|---------------|------------------|---------------|
| Date _____ | Observer Name | Observer Title | Observer CAI: |
| Observers Work Group | CPL Project # | CPL Project Name | |

CSM Contractor

Task Observed

Have you shared this evaluation with your contractor : Yes No

Observer's Comments

Post Job Evaluation

| Activity ID | Activity Description | Correct | Questionable | N/A | Comments |
|------------------------------------|--|--------------------------|--------------------------|--------------------------|----------|
| Post Job Evaluation | | | | | |
| 1. | Did Contractor's employee(s) performing the work do a Job Safety Analysis (JSA) prior to starting the job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Did the Contractor's JSA process identify each job step? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Did the Contractor's JSA adequately identify job safety and environment hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Did the contractor's JSA address how they plan to mitigate those hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Behavior Based Safety (BBS) | | | | | |
| 5. | Was there a behavior based safety observation and feedback process in place? (crews knowledgeable about process, did regular observations, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Training | | | | | |
| 6. | Did contractor's employees have required training certifications (excavation, Operator Qualification, crane operator, welder, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PPE | | | | | |
| 7. | Did contractor ensure that Personal Protective Equipment was available and worn at work site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Spill Prevention | | | | | |

| | | | | | |
|----------------------------|--|--------------------------|--------------------------|--------------------------|--|
| 8. | Were employees knowledgeable of policies on spills and overboard discharges including all fluids, sand, trash, cups or other debris? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Were contractors familiar with CPL's Water permit requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Critical Policies | | | | | |
| 10. | Did the contractor follow their own Lock Out Tag Out procedure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | Did the contractor follow Fall Hazard Management Guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | Did the contractor follow an Excavation Procedure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | Did the contractor follow their own Confined Space guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Did the contractor follow Hot Work Guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | Did the contractor comply with Safe Work Permit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | Were safety and environmental incidents and near misses reported properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Safety Meetings | | | | | |
| 17. | Were SSE's identified? (Hi Vis Orange HH) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. | Were crew limits complied with? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. | Were SSE Forms submitted and placed in CSM Database? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. | Were mentors assigned to each SSE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Housekeeping | | | | | |
| 21. | Was the worksite left clean after job was completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stop Work Authority | | | | | |
| 22. | Was Stop Work Authority used properly? If no, explain in the comments section. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. | Was it discussed and the issues resolved? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Work Performance | | | | | |
| 24. | Was contractor ready for work upon arrival ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| 1 | 2 | 3 | 4 | 5 | NA | Work Performance |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rate the overall performance of the contractor's equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rate the overall performance of the contractor's personnel on site. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rate the contractor's overall work processes, procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rate the contractor's overall office support. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rate overall how the contractor has performed on this job or over this time period. |

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