

Form 3

Contractor Health and Safety Evaluation

Contractor Name: _____

Job Tendered For: _____

Date: _____

Questionnaire Category	Actual Score	Points Available	%
Management		2	
Procedures		2	
Training		3	
Inspection		2	
Hazard Management		3	
Performance Monitoring		1	
Consultation		1	
Planning		1	
References		3	
TOTAL		18	

Contractor Status: (Circle applicable status from actual score above)

Preferred (15+)

Accepted (10-14)

Not Acceptable (0-9)

Comments (if any): _____

Signed On Behalf of Craggy Range: _____

Date: _____

Job Title/Position: _____