

## Form F8

## **Contractor/Sub Post Evaluation Form**

Name of Contractor/Sub	
Description of Work	
Key contact(s)	
General Feedback on the Contractor/Sub	
<ol> <li>Were there any problems?</li> <li>Did the Contractor/Sub deal with these?</li> </ol>	Yes   No   Yes   No
If Yes, please supply details:	
Hazard Management	
1) Were all hazards identified and controlled?	Yes □ No □
2) Was all work done using safe operating standards?	Yes   No   No   No   No   No   No   No   N
3) Were all permitted works signed off and tested?	Yes □ No □
If No, please supply details:	
Incident Investigating	
1) Were there any incidents or injuries?	Yes □ No □
2) Were they reported, recorded and investigated?	Yes   No   No   No   No   No   No   No   N
<ul><li>3) Were there any serious harm incidents?</li><li>4) Have they been reported to WorkSafe?</li></ul>	Yes  No  Yes  No
Comments and areas for improvement:	
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Emergency Readiness	
1) Were plans available for likely emergencies?	Yes □ No □
2) Was a trained first aid person on-site?	Yes □ No □
3) Would you recommend this contractor for future work?	Yes   No
Note: Any issues identified during the review of Contractor/Sub work should be discussed with the Contractor/Sub and taken into consideration for any future contract work.	
Signed by Craggy Range Job Manager	
Name:Signatur	re:
Date:	
Version 5 Created: November 2012	Location: Share\Health & Safety

Version 5 Created: November 2012 Review: Sep 2016 Next Review: Sep 2017