**CHECKLIST 04**

**Contractor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contractor Management**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Review**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall HSE Score for each year of the Contract:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | 1 | 2 | 3 | 4 | 5 |
| % |  |  |  |  |  |

Request and attach a copy of the Contractor Management review of their HSE performance related to the HSE scoring and the worker and periodic evaluation trends

**Comments:**

Injury and Incident Performance data

* Copy of incident reports and RCA analysis
* Request and attach a copy of the Contractor Management review of Actions implemented and evidence that improvements were effective

**Comments:**

**Recommended for further contracts** (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| QAPCO Approver Name | QAPCO Approver Title | QAPCO Approver Signature | Date |
| Contractor Approver Name | Contractor Approver Title | Contractor Approver Signature | Date |