

Section 1: Contractor Information		
Contractor Name:		Tender / Bid #:
Contract Description:		Dept:

Section 2: Post-Performance Safety Evaluation	Yes	No	NA
1. Contractor ensured that the safety measures described in the Occupational Health and Safety Act and Regulations, along with the Corporation's Health and Safety Policy and Safe Work Standards were implemented and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Contractor submitted all forms, documents and certifications to the Corporation on time (e.g. WSIB, COI, Form 1000, certifications, drawings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Contractor provided/ensured proper use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Contractor always ensured Competent Supervision during the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Workers were properly Certified/ Competent/ Licensed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vehicles and equipment met all regulatory standards and were properly insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Contractor removed all chemicals and hazardous products from the work location at the end of project/contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any equipment, device or activity that created a hazardous atmosphere, nuisance, or physical hazard, were controlled and disposed of appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Contractor immediately informed the Corporation of any incidents/accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Serious incidents were investigated jointly by the Contractor, the Corporation's Project Manager and Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Contractor kept the work location/job site clean and free of slip/trip/fall hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Contractor ensured that warning signs, barricades, fences etc. were in place to ensure any unwanted entry of the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Contractor provided the Corporation with copies of the applicable traffic layout/control plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Notice Board was posted with all required documents, including the Notice of Project, OHS, Emergency Response Plan, First Aiders, etc. at the job site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Contractor informed the Corporation of any government inspections and any resulting charges and orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Section 3: Incident Review	
Description	Number of Occurrences
Number of Accidents/Incidents	
Number reported to Ministry of Labour	
Number of Safety Infraction Notices	

Is this contractor recommended for future contracts with the Town?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Performance Record and Evaluation data on this form has been completed by:

Department Rep.: \_\_\_\_\_

Name (Print) Job Title

\_\_\_\_\_

Signature Date

Additional Comments:

**Form Distribution**

- Original: Project Manager, Town of Fort Erie
- Copy: Contract Administrator (if applicable)  
 Manager, Procurement & Finance, Town of Fort Erie  
 Health & Safety, Town of Fort Erie  
 Contractor