



Contractor Health, Environment, & Safety Management Post Job Evaluation

Date:	Observer CAI:	Observer Name:	Observer Work Group:	Observer Sub-Work Group:	Observer Team:	Observer Title:
Project #:	Project Title:	Region:	Location:	Observed Task:		

CHESM Contractor:

Participant 1:	Participant 2:	Participant 3:	Participant 4:	Participant 5:
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Have you shared this evaluation with your contractor : Yes ☐ No ☐

Additional Observer's Comments

Post Job Evaluation

	Activity Description	YES	NO	N/A	Comments
	Job Safety Analysis (JSA)				
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 environmental 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? (OO, excavation, crane, welder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal Protective Equipment (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 contractors 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 lock out/tag out procedures?	<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 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"/>	
Short Service Employee (SSE)					
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 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 (SWA)					
22	Was SWA used properly? If no, please explain.	<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 Readiness					
24	Was contractor ready for work upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Performance					
<i>For the questions below, please rate the contractor's work performance as a number between 1 and 5 where 1 is "poor" performance and 5 is "excellent" performance.</i>					
1	2	3	4	5	
<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"/>	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"/>	Rate the contractor's overall work processes, procedures.
<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"/>	Rate overall how the contractor has performed on this job or over this time period.