

S6 – Contractor Performance Checklist H&SCOC04

1.	Are all contractors wearing relevant PPE?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
2.	Is identified plant isolated and locked off as necessary?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
3.	Are all lifting appliances in a satisfactory condition?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
4.	Are all potential slip and trip hazards correctly controlled?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
5.	Are all working at height hazards being correctly controlled?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
6.	Is all confined space work being correctly controlled?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
7.	Are the relevant risk assessments being correctly followed?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
8.	Is the permit to work document being followed?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
9.	Are the specific site rules being correctly adhered to?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
10.	Are daily inspections being completed correctly?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
11.	Are inspection's identified defects being rectified?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
12.	Is all equipment being used by the contractor in a good condition?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
13.	Are there any other issues that give you cause for concern?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>

Actions required

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Signed by client Signed by contractor Date

