

Contractor Monitoring Form

Contractor Name:	
Nature of Work Being Performed:	
Location of Site:	Date:

Done By:

Checklist		Yes	N/A	Comments
MUSTER POINT	CLEARLY IDENTIFIED			
	KNOWN LOCATION			
FIRST AID KIT	ACCESSIBLE			
	CLEARLY IDENTIFIED			
	SUPPLIES AVAILABLE			
HOUSEKEEPING	CLEAR WORK AREA			
	ITEMS STORED PROPERLY			
	FLOORS ARE CLEAN			
HAZARD ASSESSMENT	COMPLETED/ONGOING			
	CORRECTED ON SCHEDULE			
SAFE WORK PROCEDURES	KNOWN LOCATION			
	APPROPRIATE FOR TASK			
	BEING FOLLOWED			
SAFE WORK PRACTICES	KNOWN LOCATION			
	APPROPRIATE FOR TASK			
	BEING FOLLOWED			
CONDITION OF TOOLS	IN GOOD CONDITION			
	PROPERLY STORED			
	CORD CONDITION			

SDS	KNOWN LOCATION			
	AVAILABLE FOR PRODUCT			
	CURRENT & UPDATED			
FLAGGERS	PROPER PPE			
	COMMUNICATION			
	CERTIFICATION ON HAND			
TRAFFIC CONTROL	SAFE WORK PROCEDURES			
	PROPER SIGNAGE			
	APPROPRIATE CONTROLS			