Checklist for Evaluating Qualified Contractors

Name of Contractor: _________________________________________________________________

Contact Person for Contractor: ____________________________________________________

Title: _______________________________ Address: _______________________________________

Telephone: ___________________________ Email: _______________________________________

☐ The contractor has insurance coverage required for the scope of work prior to commencing the work (e.g. worker’s compensation; general liability; etc.). *(Attach Certificates of Insurance.)*

☐ The contractor has the necessary experience, references and capability to properly perform the specific job at hand.

☐ The contractor has a written safety and health program consistent with the *NATE Accident Prevention, Safety and Health Program Guide*, including:
   - Drug and alcohol policy
   - New employee safety orientation program
   - Technician certification
   - Site-safety assessments
   - Training and documentation
   - OSHA recordkeeping
   - Personnel hoisting (per ANSI A10.48)

☐ Upon request, the contractor shall provide a site-specific safety plan for the service to be provided for this job based on current industry standards including but not limited to ANSI Z359 and ANSI/ASSE A10.48 Standards.

☐ The contractor agrees there will be a competent person at the project site at all times.

☐ The contractor agrees to maintain written records of all safety audits.

☐ The contractor agrees to notify the Company in writing if subcontractors are to be used prior to the use of such subcontractors.

☐ The contractor agrees that any subcontractors hired will be required to meet the same contractor requirements outlined in this document.

Individual Completing Questionnaire: ________________________________________________

Title: ____________________________________________ Date: _____________________________

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