

Part I – Evaluation of Contractor’s Safety Performance - Internal

1. **Contractors TRIF** - _____ (circle one):

Consider: Top quartile performance is approximately 0.50, average performance 1.75, and below 1.75 is below average safety performance. See monthly reports for details

Summary:

2. **Contractor Reporting of Proactive and Near Miss** (circle one):

Always	Frequently	Sometimes	Infrequently	Rarely	N/A
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Consider: Review Health & Safety (145) data base for proactive and near miss reports, review documented field visits for evidence of proactive safety mindset. Did contract workers provide peer safety coaching?

Summary:

3. **Contractor performance of vehicle, PPE, tools and equipment inspection** (circle one):

Always	Frequently	Sometimes	Infrequently	Rarely	N/A
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Consider: Request evidence of assessments, inspections or investigation from the contractor.

Summary:

4. **Contractor Safety Meetings** (circle one):

Always	Frequently	Sometimes	Infrequently	Rarely	N/A
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Consider: Are documented monthly meetings available as evidence of regular safety meetings? Are actions resolved? Were there complaints of unsafe working conditions or poor housekeeping? Was feedback from NB Power representatives received in a positive manner and issues resolved in a timely manner?

Summary:

5. **Contractor Tailboard conference execution** (circle one):

Always	Frequently	Sometimes	Infrequently	Rarely	N/A
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Consider: Review random selection of tailboards for quality. Provide documented field visits of Tailboard, by safety. Is there evidence that all jobs included a Tailboard.

Part II – Contractor Safety Review - External

The following information must be compiled and submitted by the nominated contractor to validate the Contractor's larger safety performance and compliance with legislative requirements.

- Evidence of not suffering a fatality in the last five years (circle one):
Yes No
- Evidence demonstrating the contractor has not been charged under The Occupational Health & Safety Act of NB in the last 36 months (circle one):
Yes No
- Evidence of compliance with any outstanding order, as determined by WorkSafe NB and no a history of compliance concerns, while working on behalf of NB Power (circle one):
Yes No
- Provided a letter indicating they are in good standing with the Workers Compensation Board of NB (circle one):
Yes No

I have reviewed the performance evaluation of _____ under _____
insert name of contractor insert contract/task order number

I do concur _____ I do NOT concur _____ with the nomination of recognition.

The attached comments consisting of _____ (insert number of pages) are returned for review by the Project Review Team / Total Health and Safety Team.

Name of Reviewer: _____ Phone Number: _____

Title of Reviewer: _____

Signature: _____ Date: _____