



Post-Performance Evaluation (Appendix D)

Section 1: Contractor Information	
Contractor Name:	Tender / Bid #:
Contract Description:	

Section 2: Post-Performance Safety Evaluation	Yes	No	NA
1. Contractor ensured that the safety measures described in the Occupational Health and Safety Act and Regulations and the Town's Health and Safety Policy and standards were implemented and followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Contractor provided/ensured proper use of PPE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Contractor provided competent supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Workers were properly certified/ licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Vehicles and equipment met all regulatory standards and were properly insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Contractor removed all chemicals and hazardous products from the work location/job site at the end of project/contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Serious incidents were investigated jointly by the contractor, the Town's site representative and a certified member of the Town's Joint Health & Safety Committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any equipment, device or activity that created a hazardous atmosphere, nuisance, or physical hazard were controlled appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Contractor kept the work location/job site clean and free of trip/slip and fall hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Contractor ensured that warning signs and barricades were in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Contractor provided the Town with copies of the applicable traffic control plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Contractor posted/made available an emergency plan at the work location/job site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Contractor informed Town of any government inspections and any resulting charges and orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



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Section 3: Incident Review	
Description	Number of Occurrences
Number of accidents/incidents	
Number reported to Ministry of Labour	
Number of Safety Infraction Notices	

Is this contractor recommended for future contracts with the Town?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Performance Record and Evaluation data on this form has been completed by:

Department Rep.: _____

Name (Print) Job Title

Signature Date

Additional Comments:

Form Distribution

Original: Town of Fort Erie Project Manager

Copy: Contract Administrator (if applicable)
Manager, Employment Services, Town of Fort Erie
Manager, Procurement, Town of Fort Erie
Contractor
Company