

ATTACHMENT B

OUTSIDE CONTRACTORS WORK EVALUATION FORM

- A. Wood County contact person requesting bid/quote will complete items 2 and 3 of this form. No concealed carry weapons are allowed on Wood County property unless the weapons remain within their owners vehicles per Wood County policy.
 - B. The Outside Contractor shall complete items 1 and 4-10 of this form. Sign and submit it to the Wood County contact person requesting bid/quote at least 3 days prior to the commencement of work.
 - C. The Risk Management Department will review items 11-15 of this form. Upon review and evaluation, a safety orientation/meeting may be necessary to discuss all hazards of the operation/construction.
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- 1. Name of Contractor (Firm) _____
- 2. Wood County Contact Person _____
- 3. Project Name _____
- 4. Type of Work to be Performed _____
- 5. Estimated date(s) work will start and stop:
Start Date _____ Stop Date _____
- 6. Time of day work to be performed _____(AM)(PM) to _____(AM)(PM)
- 7. Chemical materials involved (epoxies, solvents, asbestos, and paint):

Specify: Trade Name _____
Manufacturer _____
Quantities to be used _____
MSDS obtained _____ Yes _____ No

Note: Material Safety Data Sheets must be submitted to the Wood County representative requesting bid/quote at least 3 days prior to commencement of work. "If additional space is needed for additional chemicals, list all information on the back of this sheet.

- 8. Power operated mechanical or equipment other than hand tools to be used for the specific job _____
- 9. What Wood County owned power operated equipment may be requested to be used on this specific job _____
- 10. Approximate number of contractors' employees to be admitted into the facility ____

The above information (items 4 through 10) is accurate to the best of my knowledge.

Contractor's Representative Signature _____ Date: _____

Safety & Risk Management

- 11. Department or area of facility in which work is to be performed (Be specific.)

- 12. Personal protective equipment requirement (furnished by Contractor) to protect contract personnel from Wood County generated hazards.
 - _____ Safety glasses with side-shields
 - _____ Hard Hat
 - _____ Fall Protection
 - _____ Clothing-Specify _____
 - _____ Hearing Protection
 - _____ Respirator-Specify Type _____

- 13. Orientation needed _____ Yes _____ No

- 14. Safety and Health Concerns/Issues:

- 15. Testing/Monitoring Needed:

Safety & Risk Managers Signature: _____ Date: _____