**Appendix 2**

**EVALUATION OF THE CONTRACTOR'S HEALTH AND SAFETY MANAGEMENT SYSTEM (hereinafter - HEALTH & SAFETY)**

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the person to contact on the health and safety issues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| General health & safety issues*If you have any comments on each item, please right down below by specifying the item number.* |
| 1. Has the health and safety management system (HSMS) in the company been developed and in action? (availability of Regulations on HSMS)
 | Yes | No |
| 1. Do company employees take a safety training?
 | Yes | No |
| 1. Do company employees take a mandatory pre-employment medical examination?
 | Yes | No |
| 1. Do the company employees take a first aid training?
 | Yes | No |
| 1. Do the company employees have an appropriate certificate and permits to perform works?
 | Yes | No |
| 1. Is there an employment contract drawn up between the employee and the company?
 | Yes | No |
| 1. Does the company appoint persons responsible to ensure safe work performance and occupational safety?
 | Yes | No |
| 1. Do the company's vehicles undergo regular technical inspection?
 | Yes | No |
| 1. Does the company have appropriate equipment, devices and tools for the repair of vehicles and construction and installation equipment?
 | Yes | No |
| 1. Do repair/maintenance equipment, devices and tools to repair vehicles, construction and installation equipment meet safety requirements (factory-made, certified)?
 | Yes | No |
| 1. Do the vehicles involved meet the safety requirements set forth for the work performed (permissible age, etc.)?
 | Yes | No |
| 1. Does the company have a schedule for full and partial technical examination of lifting equipment?
 | Yes | No |
| 1. Have safety instructions been developed for various professions?
 | Yes | No |
| 1. Have operating instructions been developed and approved for various types of works?
 | Yes | No |
| 1. Are there job descriptions approved by the head of the company for workers and engineering staff?
 | Yes | No |
| 1. Does the company maintain safety training registration logs?
 | Yes | No |
| 1. Does the contractor maintain a work accident log?
 | Yes | No |
| 1. Are the company employees provided with of personal and collective protection equipment that meets the EAEU standards?
 | Yes | No |

***Comments:***

***To be filled by KGC***

**Person responsible for the health and safety management system evaluation on behalf of KGC**

 *Full name, position, signature.*

**Evaluation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**