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

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| --- | --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**