



Post Contract Safety Performance Report

This report is completed at the end of the contract (or annually if a multiyear contract) by the contract administrator in the presence of and/or reviewed with the contractor representative to ensure compliance to the Contractor Health and Safety Management Program.

Contractor Name:	
Address:	
Telephone:	Fax:
Email:	
Form completed by:	
SaskPower Contract Administrator:	
Title:	
Telephone:	Fax:
Email:	Date Completed:
Contractor work scope description	
Contract start date:	Contract end date:
Number of non conformances issued during contract term:	
Opportunity for Improvement:	
Minor non conformance :	
Major non conformance :	
No. of unresolved non conformances:	
No. of accepted non conformances:	
Recommendation by SaskPower Contract Administrator	
	Contractor in good standing, compliant to CHSM Program. No action required
	Contractor requires follow up on non-conformances to ensure performance improvement
	Contractor performance non compliant to CHSM Program.

General	
Lost time injury frequency rate = $\frac{\# \text{ lost time injuries} \times 200,000}{\text{Exposure hours}} =$ _____	
Exposure hours	
Number of:	
1. First aid incidents	_____
2. Medical aid incidents	_____
3. Lost time incidents	_____
4. Near miss incidents	_____
5. # of Investigations	_____
6. # Work Observations	_____
7. Safety Meetings	_____
8. OH & C Meetings	_____
9. # Inspections	_____

Comments:	
Contract Administrator Signature:	Date
Contractor Representative Signature:	Date

Report Distribution:
 Original: Corporate Safety
 Copy: Contract Administrator
 Contractor Representative