## **Contract Monitoring Form**

Contractor: Date of meeting:

|  |  |
| --- | --- |
| **Incidents** | **Information** |
| * Number of accidents (with injury)
 |  |
| * Number of incidents (no injury)
 |  |
| * Number of near misses
 |  |
| Events reported to the HSE (e.g., accidents, dangerous occurrences, etc.)  |  |
| Visits from enforcement authorities and their outcome, including remedial action plans |  |
| Delivered H&S training specific to their contract |  |
| Other (as stipulated in contract): |  |
| Other (as stipulated in contract): |  |