

CONTRACTORS' APPROVAL WORKING GROUP

CHECK LIST
FOR
INSPECTION TEAM VISITING CONTRACTOR'S SITE/PREMISES

Note:-

1. The CAWG Inspection Team member should tick (✓) in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand.
2. This Check List is meant only for both existing Registered Contractors and for Contractors seeking new Registration.

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1. Registration Category _____ 2. Date of Application (in case of New Registration) _____
 3. Preliminary Documents Submitted/Eligibility Criteria Met Location of Premises _____
 5. Does the Contractor have any confirmed Work Orders in hand? (if so, please provide details)
 7. Is the Site/Premises accessible by road? 8. Does the Site/Premises have all infrastructure?
 9. Does the Site/Premises have all basic facilities/Amenities? (Office/Telephone/Fax/Computer/Printer)
 10. Has the Contractor made separate arrangements for accommodation of his Tehcnical Staff and Labour?
 11. Are the Contractor's staff provided with food, drinking water and other basic facilities at site?
 12. Has the contractor insured all his employees? (if so, definite the type of Insurance policies)
 13. Does the Contractor have all the required tools and equipment? (All tools should be insulated)
 14. Does the Contractor have all the required Safety Equipment? (All equipment must be ready to use)
 15. Does the Contractor have all the required Testing Equipment? (All equipment must be ready to use)
 16. Has the Contractor achieved the required percentage of Omanization?
 17. Does the Contractor have a Safety Certificate issued by a Registered Safety Officer?
 18. Does the Contractor have all Fire Safety Equipment installed at strategic places at site/premises?
 19. Are all the Fire Extinguishers calibrated and ready for use?
 20. Contractor's Performance Report from the Employer's/Consultant's Representative at Site _____
(Indicate whether satisfactory or not satisfactory)

Signature of CAWG Inspection Team Member: _____ Date: _____

Name of Inspection Team Member: _____

(For CAWG Office Use Only)

1. Check List Completed and signed by the Inspection Team Member
 2. Report on "Existing" facilities submitted
 3. Report on "Non-Existing" facilities is submitted
 4. Report on "Compliance" is submitted
 5. Report on "Non-Compliance" is submitted
 6. Report on overall HSE conditions is submitted
 7. Report on physical presence of qualified & experienced manpower is submitted
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Checked and Verified by: _____
(To be signed by the Chairman of CAWG)

Approved by: _____
(To be signed by the Chairman of DCRP)