

City of Houston
Hazard Communications Program
CONTRACTOR COMPLIANCE FORM

COMPLIANCE STEPS	IF Yes, CHECK	DATE
1. Will contractor bring chemicals on City property?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have the chemicals been assessed for hazards? (Attach HCP-1)	<input type="checkbox"/>	<input type="checkbox"/>
3. Has Safety/Risk Management approved usage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has MSDS/HazCom Program information been exchanged?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have City employees been trained on hazards posed by the contractor's chemicals brought onto City property?	<input type="checkbox"/>	<input type="checkbox"/>

RECEIPT OF INFORMATION

Exchange of HazCom Packets:

CITY REP (Name/Title): _____ Date: _____

CONTRACTOR REP: _____ Date: _____

Has the CONTRACTOR documented HazCom training of their employees? If YES, sign below.

CITY REP (Name/Title): _____ Date: _____