Contractor Risk Assessment

| Date: [Insert Date] |
|--|
| To: [Contractor's Name] |
| [Contractor's Address] |
| Dear [Contractor's Name], |
| As part of our ongoing commitment to ensuring a safe and efficient working environment, we conduct periodic risk assessments for our contractors. This letter serves as a formal request for you to complete the attached risk assessment questionnaire. |
| The information you provide will help us evaluate potential risks associated with engaging your services. We take this process seriously and appreciate your cooperation in helping us maintain a safe and compliant workplace. |
| Instructions |
| Complete the attached questionnaire by [Insert Deadline Date]. Return the completed questionnaire to [Insert Return Email/Address]. Should you have any questions, feel free to reach out to us at [Insert Contact Information]. |
| Thank you for your attention to this important matter. We look forward to your prompt response. |
| Sincerely, |
| [Your Name] |
| [Your Position] |
| [Your Company Name] |
| [Your Contact Information] |