

SAFE Form B - SDC Health and Safety Approved Contractor Application

1. Business Information

Company Name

Postal Address

Physical Address (if differs from postal)

Phone:

Mobile:

Email Address:

Number of Employees

2. Key Personnel

Name of person in charge of Health and Safety:

Position held::

Phone:

Mobile:

Email Address:

3. Insurance and Compliance

Does the company carry any of the following insurances?

(You may be asked for extra cover for specific work)

<input type="checkbox"/> Public Liability Insurance	<input type="checkbox"/> Third Party Insurance	<input type="checkbox"/> Contractor All Risk Insurance
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<input type="checkbox"/> Professional Indemnity Insurance

(Please enclose copies of proof of insurance)

Is the company approved under any of the following?

<input type="checkbox"/> ACC Workplace Safety Management Practices (WSMP)	<input type="checkbox"/> ACC Partnership Programme	<input type="checkbox"/> AN/NZS 4801
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(If yes, please enclose a copy)

Please list names of any Trade or Employers' Associations that your workplace is a member of:
(eg Site Safe, Southland Passport etc)

4. Type of Work

Please advise the area(s) of Southland District Council you expect to work for (*tick all that are applicable*)

<input type="checkbox"/> Environment and Planning	<input type="checkbox"/> Community Services	<input type="checkbox"/> Strategic Development
<input type="checkbox"/> Corporate Services	<input type="checkbox"/> Engineering Services	

Please describe the type(s) of work this application covers and list your top four identified Hazards/Risks:
Work Type:

Hazard/Risk 1	<input type="text"/>	Hazard/Risk 2	<input type="text"/>
Hazard/Risk 3	<input type="text"/>	Hazard/Risk 4	<input type="text"/>

5. Health and Safety Management

Does the company have a written Health and Safety Policy which is signed by the CEO/Managing Director? (<i>If yes, please enclose a copy</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are all staff aware of the Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the company have a safety manual containing safety procedures and safety rules? (<i>If yes, please enclose a copy</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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How often are your Health and Safety procedures audited?	<input type="text"/>
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Does the company have written emergency procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do the emergency plans identify responsibilities and procedures to be followed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is appropriate Personal Protective Equipment (PPE) available and used by employees? (<i>If applicable</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Is there a system in place for ensuring Personal Protective Equipment is maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have a workplace Health and Safety Committee and/or Representatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the company have toolbox/tailgate meetings with Health and Safety on the agenda?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Subcontractors

Does the company engage Subcontractors? Yes No
(If no, skip the remainder of this section and go straight to Section 7)

Does the company specify safety requirements for its Subcontractors prior to contract acceptance? Yes No
(if yes, please describe the requirements)

Does the company audit its Subcontractors on a regular basis? Yes No
(If yes, please give details)

Is there an induction programme for new Subcontractors and their employees? Yes No

Are there procedures for controlling the safety performance of your Subcontractors? Yes No

7. Training

Do you have an induction/orientation programme for new employees? Yes No

Is formal safety training given to employees? Yes No

Have all staff received training in emergency procedures? Yes No

Have the personnel who will undertake specific work received formal training in all relevant areas? Yes No
(If yes, please describe what form the training takes)

8. Hazard Management

Does the company have a hazard register? Yes No

Are formal hazard assessments carried out and recorded? Yes No
(For specific tenders you may be asked to provide examples of method statements explaining Health and Safety controls and other precautions)

Where hazards are identified do you have a system to assess significant hazards? Yes No

Are there procedures for eliminating, isolating or minimising significant hazards? Yes No

Is there a system for advising people of potential hazards and appropriate controls? Yes No

Does the company conduct regular safety inspections on its work sites? Yes No
(If yes, please enclose the form used)

9. Accident Investigation

Does the company have an accident register as required by the HSAW Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the accident register maintained and reviewed for hazard identification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a procedure for the reporting, recording, investigation and follow up of serious harm accidents, incidents or occupational illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do investigations include remedial action plans to initiate future prevention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total hours lost over the past five years due to accidents:	<input type="text"/>	
Period covered from:	<input type="text"/>	to <input type="text"/>

Please supply:

• Records of workplace fatalities over the past five years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• A list of all notifiable events (as defined in the HSAW Act 2015 over the last year	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• Injury records in relation to health and safety (ACC Claims) over the past year (without the names attached)	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• Details of any accidents resulting in environmental damage or pollution over the past five years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• Any safety performance improvements, prohibition notices or prosecutions issued by WorkSafe NZ (and/or the equivalent government department) over the past five years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• A listing of all Accidents/Incidents/Near Misses when completing work for the SDC over the last five years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record

10. Hazardous Substances

Does the company have safety data sheets accessible for hazardous substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company have approved handlers for hazardous substances (where required)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there written procedures for handling and storing hazardous substances? (If yes, please enclose a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Plant and Equipment

Do you electrically test and tag all your appliances as required by legislation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have procedures for maintaining plant, equipment and vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Contractor Declaration

I agree to advise Southland District Council of any changes in procedures, standards, performance or key personnel during this approval period.

I understand I may be required to provide additional information to support my application for Approved Health and Safety Contractor status.

I understand information provided on this Health and Safety Approved Contractor form will be collected and held by the Health and Safety Advisor.

To the best of my knowledge, the answers to the questions in this application are correct, and I understand that if any false information is given or any material fact suppressed on this application form, the company may not be accepted, or if the company is already health and safety approved, this status may be revoked.

Name:	<input type="text"/>	
Position	<input type="text"/>	
Signature	<input type="text"/>	Date: <input type="text"/>

For Council office use only

<input type="checkbox"/> Approved <i>Contractors, Health, and Safety Agreement signed on:</i> <hr/> <i>Approval status valid two years from:</i> <hr/> <i>Approved as:</i> <i>Primary</i> <input type="checkbox"/> <i>Secondary</i> <input type="checkbox"/> <i>Ancillary</i> <input type="checkbox"/>	<input type="checkbox"/> Not Approved <i>Reason:</i>	<input type="checkbox"/> Pending <i>(further information required)</i> <i>Information pending:</i>
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