

Safe Form B

Health and Safety Approved Contractor Application

BUSINESS INFORMATION:		
DATE:		
COMPANY NAME:		
POSTAL ADDRESS:		
PHYSICAL ADDRESS:		
PHONE:		MOBILE:
EMAIL ADDRESS:		
NUMBER OF EMPLOYEES:		
KEY PERSONNEL:		
PERSON RESPONSIBLE FOR HEALTH AND SAFETY:		
POSITION HELD:		
PHONE:		MOBILE:
EMAIL ADDRESS:		
INSURANCE AND COMPLIANCE:		
Please tick insurances your company is currently covered for (you may be asked for extra cover for specific work)		
Public Liability Insurance	<input type="checkbox"/>	Third Party Insurance <input type="checkbox"/>
Contractor All Risk Insurance	<input type="checkbox"/>	Professional Indemnity Insurance <input type="checkbox"/>
PLEASE ENCLOSE COPIES OF EVIDENCE OF INSURANCE		
Please tick if your company is accredited under any of the following:		
Sitewise	<input type="checkbox"/>	
SafePlus	<input type="checkbox"/>	
AN/NZS 4801	<input type="checkbox"/>	
PLEASE ENCLOSE EVIDENCE		
Please list names of any Trade or Employers' Associations that your workplace is a member of: (eg Site Safe, Southland Passport etc)		

TYPE OF WORK			
Please advise the area(s) of Southland District Council you expect to work for (tick all that are applicable):			
Environment and Planning	<input type="checkbox"/>	Community Services	<input type="checkbox"/>
Corporate Services	<input type="checkbox"/>	Engineering Services	<input type="checkbox"/>
Strategic Development <input type="checkbox"/>			
Please describe the type(s) of work this application covers and list your top four identified hazards/risks:			
Work type:			
Hazard/risk 1:		Hazard/risk 2:	
Hazard risk 3:		Hazard/risk 4:	
HEALTH AND SAFETY MANAGEMENT			
Does the company have a written health and safety policy which is signed by the CEO/Managing Director? (If yes please enclose copy)		Yes	<input type="checkbox"/>
Are all staff aware of this policy?		Yes	<input type="checkbox"/>
Does the company have a safety manual containing safety procedures and safety rules? (If yes please enclose a copy)		Yes	<input type="checkbox"/>
How often are your health and safety procedures audited?		No	<input type="checkbox"/>
Does the company have written emergency procedures?		Yes	<input type="checkbox"/>
Do the emergency plans identify responsibilities and procedures to be followed		No	<input type="checkbox"/>
Is appropriate PPE available and used by employees? (if applicable)		Yes	<input type="checkbox"/>
Is there a system in place for ensuring Personal Protective Equipment is maintained?		No	<input type="checkbox"/>
Do you have a workplace Health and Safety Committee and/or Representatives?		Yes	<input type="checkbox"/>
Does the company have toolbox/tailgate meetings with Health and Safety on the agenda?		No	<input type="checkbox"/>
SUBCONTRACTORS			
Does the company engage Subcontractors?		Yes	<input type="checkbox"/>
(IF NO, SKIP THE REMAINDER OF THIS SECTION AND GO TO SECTION - TRAINING)			
Does the company specify safety requirements for its Subcontractors prior to contract acceptance? (IF YES, PLEASE DESCRIBE REQUIREMENTS)		Yes	<input type="checkbox"/>
Does the company audit its Subcontractors on a regular basis? (IF YES, PLEASE GIVE DETAILS)		No	<input type="checkbox"/>
Is there an induction programme for new Subcontractors and their employees?		Yes	<input type="checkbox"/>
Does the company have procedures for controlling the safety performance of your Subcontractors?		No	<input type="checkbox"/>

TRAINING			
Do you have an induction/orientation programme for new employees?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is formal safety training given to employees?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have all staff received training in emergency procedures?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have the personnel who will undertake specific work received formal training in all relevant areas?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
(IF YES, PLEASE DESCRIBE WHAT FORM THE TRAINING TAKES)			
RISK MANAGEMENT			
Does the company have a risk register?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are formal risk assessments carried out and recorded?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
(FOR SPECIFIC TENDERS YOU MAY BE ASKED TO PROVIDE EXAMPLES OF METHOD STATEMENTS EXPLAINING HEALTH AND SAFETY CONTROLS AND OTHER PRECAUTIONS)			
Where risks are identified do you have a system to assess significant risks?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are there procedures for eliminating, isolating or minimising significant risks?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is there a system for advising people of potential risks and appropriate controls?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Does the company conduct regular safety inspections on its work sites?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
(IF YES, PLEASE ENCLOSE THE FORM USED)			
WORKING WITHIN ROADING CORRIDOR			
As part of Southland District Councils process to become an approved contractor at any level, please indicate if your activity requires you to work within the Southland District Council's roading corridor upon application	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
IF THE ANSWER IS YES, PLEASE PROVIDE EVIDENCE THAT YOU CAN MEET THE REQUIREMENTS OF COPTTM AND RELEVANT QUALIFICATIONS. SOUTHLAND DISTRICT COUNCIL HAS ADOPTED THIS CODE OF PRACTICE AS THE MINIMUM STANDARD REQUIRED TO WORK WITHIN ITS CORRIDOR.			
If this standard cannot be achieved then Southland District Council and the Contractor applying cannot meet their obligations under the HSWA 2015 and your application for health and safety approved contractor status may be declined.			
ACCIDENT INVESTIGATION			
Does the company have an accident register as required by the HSAW Act?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the accident register maintained and reviewed for hazard identification?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have a procedure for the reporting, recording, investigation and follow up of serious harm accidents, incidents or occupational illnesses?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do investigations include remedial action plans to initiate future prevention?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Total hours lost over the past five years due to accidents (please included the period covered from and to:			
PLEASE SUPPLY:			
Records of workplace fatalities over the past five years	Enclosed	<input type="checkbox"/>	No events on record <input type="checkbox"/>
A list of all notifiable events (as defined in the HSAW Act 2015 over the last year	Enclosed	<input type="checkbox"/>	No events on record <input type="checkbox"/>

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

HAZARDOUS SUBSTANCES

Does the company have safety data sheets accessible for hazardous substances? Yes No

Does the company have approved handlers for hazardous substances (where required)? Yes No

Are there written procedures for handling and storing hazardous substances?

(IF YES, PLEASE ENCLOSE A COPY)

PLANT AND EQUIPMENT

Do you electronically test and tag all your appliances as required by legislation? Yes No

Do you have procedures for maintaining plant, equipment and vehicles? Yes No

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 safety and wellbeing 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 contractor may not be accepted, or if the contractor is already health and safety approved, this status may be revoked.

NAME

POSITION

SIGNATURE

DATE