



H&S026 Level 1 - Low Risk Contractor Appraisal

Instructions: WDC Representative is to forward this form to the Contractor requiring certification prior to commencement along with current "H&S Handbook for Contractors"

PART A: To be completed by the Contractor Representative

Contractor Company Name (As it is to appear on Register):

Current postal address:

Current email address:

Current phone number/s: Number of employees

Service provided:

Contracting Company Information Required					
Details	Yes	No	NA	Comments	
Reported serious harm accidents or incidents (Local & National)					
Infringement notices by Worksafe NZ (Local & National)					
Prosecutions by Worksafe NZ (Local & National) in last 5 years?					
Are accidents, incidents & hazards reported in your company?				<i>If no, why not?</i>	
Does your company have a Health & Safety Policy?				<i>Please attach</i>	
Does your company have health and safety procedures?				<i>Not required to attach, unless specifically requested</i>	
Will suitable PPE be used, if doing field work				<i>If yes, describe:</i>	
Insurance coverage or policy				<i>Please attach</i>	
Has your organisation been registered with Companies office within last year?					
Any relevant H&S training undertaken by employees					
WDC H&S Procedure Requirements				No	Yes
Have you received a current version of WDC Contractor Health and Safety Handbook?					
Is there any reason that you are unable to comply with any of the requirements?					
Do you understand all of the H&S requirements?					
Name/s of Subcontractor Company's currently used to undertake WDC work: Note: Attach list if required					

Comments:

Contractor Representative's Name

Signature

Position

Date

Instructions: Contractors to forward this form back to the Council Representative who forwarded this within 7 days, as any Contractors who are not currently on our Approved Contractor Register are not allowed to undertake work.

Name of Contractor Organisation:				
PART B: To be completed by WDC Representative				
Section B1: Contractor / Consultant Work Status	Yes	No	NA	Comments
Has all relevant documentation been supplied?				
Do this contractor/ consultant require any specialist licensing, certification or training?				If yes, describe;
How do you intend to induct the contractor/consultant or ensure they are not exposed to any hazards in the workplace?				

Other comments:

I hereby; Approve Do not approve this contractor/consultant to be Health & Safety Approved as a Level1 Risk Contractor

Council Representative's Name

Signature

Position

Date

Forward this form to the H&S Field Officer

Part C: To be completed by H&S Manager

Comments:

Name

Signature

Date

Part D: To be completed by Department Manager

I hereby; Approve Do not approve this contractor/consultant to be Health & Safety Approved as a Level 1 Risk Contractor

Department Manager Name

Signature

Date