

H&S018A - Appraisal of Level 1 Contractor's Performance and Approval for re-certification.

Instructions: WDC Representative or H&S Field Officer is to forward this form to the Contractor requiring recertification prior to due dates 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:..... No of employees:
 Service provided:.....

Changes within the Contracting Company over last 12 months				
Details	Yes	No	If Yes, attach documentation	
Reported serious harm accidents or incidents (Local & National), or received Infringement Notices or Prosecutions by Worksafe (NZ) Ltd			<i>Attach details</i>	
Health & Safety Policy change			<i>Attach your current H&S Policy statement</i>	
Company Registration lodged with companies office in last year			<i>Attach if changed</i>	
Insurance cover or policy change			<i>Attach a copy of your current Public Liability and Professional Indemnity (if relevant) certificates</i>	
Accidents, Incidents, Near Misses, all serious harm injuries and any Emergencies and Events you had during the past 12 months.			<i>Attach evidence to show you are recording, investigating and reporting accidents, incidents, near misses and any preventative measures put in place.</i>	
Note any H&S initiatives that have reduced injuries or improved safety that you have implemented into the Workplace in the last 12 months, or plan to introduce into the Workplace in the next 12 months.			<i>Attach</i>	
WDC H&S Procedure Requirements			No	Yes
Have you received a current version of WDC Health and Safety Handbook?				
Is there any reason that you are unable to comply with any of the requirements in the Handbook?				
Do you understand all of Councils H&S requirements?				
Have all of your new employees and subcontractors been inducted onto WDC worksite?				
<i>Have you attached all the items requested in blue above and sent to the Council Representative?</i>				

Contractor Representative's Name

Signature

Position

Date

PART B: To be completed by WDC Representative
Name of Contractor Organisation:.....

Section B1: Contractor / Consultant Work Status	Yes	No	NA	Comments	
Have you used this contractor or consultant in the last 12 months?					
Do you plan to use them within the next 12 months?					
Has the risk level for this contractor/consultant changed?				If yes, what is new Level of work? <small>Level 1 = Low risk, Level 2 = Medium Risk, Level 3 = High risk</small>	
Do they require any specialist licensing, certification or training?				If yes, describe;	
Section B2: Levels 1 Risk Contractor H&S Performance	Unsatisfactory 0 – 35%	Needs Improvement 36% - 49%	Acceptable 50% - 64%	Requirements Fully Met 65% - 85%	Exceeds Requirements 86% - 100%
Rating :	0	5	10	15	20
How have you found contractor PPE compliance?					
How have you found contractor work safety performance?					
How have you found H&S compliance to WDC requirements?					
How have you found the contractor to have communicated incidents, issues and injuries and in general with you?					
How have you found the contractors timeliness to WDC timeframes, (i.e. month reporting, recertification , incident reporting)					
Performance Rating : % of 100 =					
Any other relevant information for this performance review?					
Section B3: Senior Manager Approval	Yes	No	NA	Comments	
My Department and Group Manager have been made aware of any concerns I have about this contractor				<i>Note: Information of contractors due for recertification has been provided to Managers in advance by H&S personnel</i>	

Council Representative's Name

Signature

Position

Instructions: Once completed, forward this form to H&S Field Officer for processing before the recertification due date.