



## H&S007 Level 2 and 3 Risk Health and Safety Contractor Approval Request

<b>Organisation's Name:</b>	
<b>Address:</b>	
<b>Postal Address (if different):</b>	
<b>Phone:</b>	<b>Fax:</b>
(eg 64-9-1234567)	(eg 64-9-1234567)
<b>Contractor Representative Name:</b>	<b>Email:</b>
Roading <input type="checkbox"/> Sewer <input type="checkbox"/> Stormwater <input type="checkbox"/> Water <input type="checkbox"/> Parks <input type="checkbox"/> Maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Consultant <input type="checkbox"/> Special Services <input type="checkbox"/> <i>(please define)</i>	
Description of services:	

**Introduction**

Whangarei District Council requires that all Contractors and subcontractors and their employees carrying out any work on behalf of Whangarei District Council must meet safety standards as required by Health and Safety in Employment Act 1992, relevant legislation, Whangarei District Council policies, procedures and contractual requirements.

To ensure that Contractors do meet this requirement, they will need to satisfactorily pass this audit and be placed on the Whangarei District Council's Health & Safety Approved Contractor Register before being given any work for the Council.

This information will be held by the Council, and Contractors will go through a performance appraisal every 12 months for certificate renewal unless otherwise advised.

Any information held by the Council is available to a Contractor for review and updating at any time.

(PROJECT SPECIFIC HEALTH AND SAFETY DOCUMENTS WILL STILL BE REQUIRED WITH TENDER SUBMISSION).

**Appraisal Information**

**Appraisal conducted at Contractor Worksite** Yes    No

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Name/s of WDC Appraisers:**

\_\_\_\_\_

**Name/s of Contractor Representatives:**

\_\_\_\_\_

**Section 1 Health & Safety Certification**

a) Is your organization currently certified in any of the following?

- ACC Workplace Safety Management Practices (WSMP) Yes    No   
 If the answer is **YES**, indicate the level achieved and attach a copy of certification.  
 Primary Level    Secondary Level    Tertiary Level
- ACC Partnership Programme Yes    No   
 If the answer is **YES**, indicate the level achieved and attach a copy of certification.  
 Primary Level    Secondary Level    Tertiary Level
- ACC Workplace Safety Discount Programme (WSD) Yes    No   
 If the answer is **YES**, attach a copy of certification.

<ul style="list-style-type: none"> <li>• Has your organization implemented another nationally recognized Safety Management system? If the answer is <b>YES</b>, attach a copy of certification.</li> <li>• Date of next certification audit for any of the above:</li> </ul>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
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<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
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Comments:

**Section 2 Insurance and Company Registration** (please attach copies)

a) Do you carry:	<ul style="list-style-type: none"> <li>• Public liability insurance? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• Contractor's all risks insurance? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• Company registered with Company Office? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Third party property insurance? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• Professional indemnity insurance? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> </ul>	
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<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
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Comments:

**Section 3 Safety Records** Please attach a copy of your safety statistics for last five years including incidents and injuries.

a) Do you maintain safety records of (please tick):	<ul style="list-style-type: none"> <li>• Fatalities? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• Injuries (serious harm)? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• Environmental damage? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• Near miss incidents? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• Corrective and Preventative Actions? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> </ul>
b) Please provide details of your safety record for the last 12 months:	<ul style="list-style-type: none"> <li>• Number of fatalities: _____</li> <li>• Number of Serious Harm Injuries: _____</li> <li>• Number of work days lost due to accidents: _____</li> </ul>
c) Has there been any cautioning or prosecution by an enforcement authority in respect of health and safety over the last 12 months?	<p style="text-align: center;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If <b>YES</b>, please supply details and remedial actions taken if applicable</p> <p style="text-align: center;">_____</p>

<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
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Comments:

<b>Section 4 Project Safety Plan</b>			
a)	Do you have experience in developing a site/contract specific Safety Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	Do you develop a site/contract specific Safety Plan before commencing work on projects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	Do you communicate the Safety Plan to employees and subcontractors prior to work commencing on a project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	Do you monitor performance of employees and subcontractors to ensure the Safety Plan is complied with for the duration of the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	Do you keep the Safety Plan up to date during the course of the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f)	Please attach an example of a Safety Plan that you have used on past Contracts.		
<b>Evidence of the above was:</b>		Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Comments:			
<b>Section 5 Safety Policy and Management Commitment</b>			
a)	Do you have a written Safety Policy? (attach policy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	Do you have a Safety Manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	Do you have written working practices and safety instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	Do you have procedures for maintaining plant, equipment and vehicles in a safe condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	Does your company have any of the following drug testing programmes in place? (attach policy)		
a.	Pre-employment Drug Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Just Cause Drug Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Random Drug Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Evidence of the above was:</b>		Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Comments:			
<b>Section 6 Hazard Identification</b>			
a)	Do you have a system to identify hazards during the term of the contract (attach)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	Where hazards have been identified:		
	• Do you have a system to determine significant hazards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Do you have a system to Eliminate, Isolate and Minimise Significant Hazards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Do you have a system that allows the risk score to be calculated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Do you have a system to protect employees from Significant Hazards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Do you have a process to review and update hazards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Evidence of the above was:</b>		Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Comments:			

<b>Section 7 Emergency Procedures</b>			
a) Have you identified potential emergencies that may occur in your business and the workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) Are the relevant employees trained in how to deal with these emergencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) Do you have current First Aiders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) Will a First Aider be available while undertaking Council work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e) Will there be First Aid equipment available while undertaking Council work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f) Have you practiced an emergency procedure in the last 6 months? Attach	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Comments:			
<b>Section 8 Accident Reporting and Investigation</b>			
a) Do you have a system for the reporting of all injuries and incidents? Attach	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) Do you have a procedure for the investigation and follow up of serious harm accidents, incidents or occupational illness? Attach	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) Are the causes and preventative actions identified during accident investigations communicated to the employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Comments:			
<b>Section 9 Safety Awareness</b>			
a) Do you have in house safety meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) Do you have Tool Box meetings on site that include health and safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) Do you record minutes of your Tool Box meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) Do you conduct and document safety inspections on your own operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Comments:			
<b>Section 10 Employees</b>			
a) Number of employees:	(Record) _____		
b) Do you maintain staff turnover records? (please attach last three years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) Is health and safety covered in your employment contracts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) Do your employment contracts cover hours of work, meal times, rest breaks and travel time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e) Will you be able to provide suitable facilities for your employees while undertaking council work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f) Do you provide your staff with personal protective equipment and clothing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
g) Do you have a Health and Safety Committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
h) Do you have trained Health and Safety Representatives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
i) Do you have some other means of employee participation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>

Comments:

**Section 11 Subcontractors**

- a) Do you (please select):
- Require subcontractors to submit a site/contract specific Safety Plan before they commence work on a Contract? **Yes**  **No**
  - Require subcontractors to work to your site/contract specific Safety Plan for the Contract? **Yes**  **No**
- b) Do you specify safety requirements for your subcontractors prior to commencement on a Contract? **Yes**  **No**
- c) Do you induct subcontractors into the health and safety requirements of the Contract prior to commencement on a Contract? **Yes**  **No**
- d) Do you conduct and document site safety inspections of subcontractors operations? **Yes**  **No**
- e) Do you have procedures for managing the safety performance of your subcontractors? **Yes**  **No**
- f) Name subcontractors intended for use for Council work: (or attach list):

<b>Evidence of the above was:</b>	Sighted <input type="checkbox"/>	Photocopied <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
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Comments:

**Section 12 Safety Training**

- a) Do you induct employees in the requirements of your Safety Policy and Safety Manual? **Yes**  **No**
- b) Do you provide training to employees in your organisation's working practices and safety instructions? **Yes**  **No**
- c) Do you provide training to employees in the procedures for maintaining plant, equipment and vehicles in a safe condition? **Yes**  **No**
- d) Do you maintain competency records of staff? **Yes**  **No**
- e) Please indicate by ticking the relevant boxes for formal safety training that your employees are currently trained in: Please attach evidence of relevant training.
- Professional Consultant
  - Workplace First Aid
  - Fire Fighting
  - Growsafe
  - Site Safe Passport – Civil
  - Site Safe Passport – Construction
  - Site Safe Passport – Maintenance
  - Site Safe Passport – Consultant
  - Safety Supervisor Management Certificate meeting NZQA requirements
  - Operate Safe – Supervision (Silver Card)

- Site Safe Supervisor Gold Card
- Site Safe Advanced Passport
- Confined Space Entry (Unit Standards 17599 & 18426 and ASNZS 2865)
- Transit New Zealand Level 1 Site Traffic Management Supervisor (STMS)
- Transit New Zealand Level 1 Traffic Controller
- Excavations & Trenches
- Working at Heights (NZS 15757)
- Elevating Work Platform certification
- Wheels Tracks and Rollers
- Asphalt & Bitumen
- Electricity (includes installation and service)
- Construction – General (including playgrounds and outdoor equipment)
- Construction – Mechanical, Electrical and Plumbing (MEP)
- Construction – Civil
- Construction – Commercial
- Hazardous Substances (including chemicals and wastewater)
- Arboriculture (including aerial work)
- Waste Management
- Horticulture (including weed and pest control)
- Cleaning Services (including internal and external cleaning services)
- Facilities Maintenance
- Security Services
- Other (please specify):

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**Evidence of the above was:**                      Sighted                       Photocopied                       Approved                       Not Approved

Comments:

**Section 13 References**

Please provide a list of organizations for which you have carried out work during the last three years (for obtaining references on aspects of Health & Safety).

Organisation's Name	Contact Person	Phone Number

Comments:

**Section 14 Declaration**

**On behalf of the contractor/consultant, on signing this form, I confirm that:**

- a) I am authorized to provide this information and sign this form on behalf of the organization, Yes  No
- b) The information provided in this form is true and correct, Yes  No
- c) I understand that if the information I have provided is not true and correct, Whangarei District Council may withdraw Contractor's approval as a Health & Safety Approved Contractor and take any other action available to it; and Yes  No
- d) I understand that the Contractor will be liable for anything Whangarei District Council has done or omitted because it has reasonably relied on the accuracy of information provided, Yes  No
- e) I understand that as a Contractor to Whangarei District Council I agree to abide by the requirements of the Health and Safety in Employment Act 1992 and amendments, including those specifically outlined above, Yes  No
- f) I understand that Level 2 and 3 Contractors or Consultants will need to pass an audit by Whangarei District Council and that all Contractors and Consultants must complete the last page of the Contractor Health & Safety Handbook to become a Health & Safety Approved Contractor. Yes  No

Comments:

Name of Contractor Company Representative: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

**Section 15 This section to be completed by WDC H&S Field Officer performing this audit**I hereby:     Approve     Decline    Contractor Level Approved for  Level 1  Level 2  Level 3

Results of Reference Checks:

Comments:

Name of WDC Representative: \_\_\_\_\_  
Position: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_**Section 16 This section to be completed by Representative for Whangarei District Council performing the audit**I hereby:     Approve     Decline    Contractor Level Approved for  Level 1  Level 2  Level 3

Comments:

Name of WDC Representative: \_\_\_\_\_  
Position: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Section 17 This section to be completed by the Health and Safety Manager for Whangarei District Council**

I hereby:     Approve     Decline    Contractor Level Approved for  Level 1  Level 2  Level 3

Having reviewed the provided information and will enter into the WDC Health & Safety Approved Contractor Register (subject to tender being approved).

Comments:

Name of H&S Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 18 This section to be completed by the Department Manager for Whangarei District Council**

I hereby:     Approve     Decline    Contractor Level Approved for  Level 1  Level 2  Level 3

This Contractor to be entered into the WDC Health & Safety Approved Contractor Register (subject to tender being approved).

Comments:

Name of WDC Dept Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 19 This section to be completed by the Group Manager for Whangarei District Council**

I hereby:     Approve     Decline    Contractor Level Approved for  Level 1  Level 2  Level 3

This Contractor to be entered into the WDC Health & Safety Approved Contractor Register (subject to tender being approved).

Comments:

Name of WDC Group Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_