

## Health and Safety Approved Contractor

### Application Form

#### 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)*

Public Liability Insurance

Third Party Insurance

Contractor All Risk Insurance

Professional indemnity Insurance

*(Please enclose copies of proof of insurance)*

**Is the company approved under any of the following?**

- ACC Workplace Safety Management Practices (WSMP)       ACC Partnership Programme       AN/NZS 4801

*(If yes, please enclose a copy)*

Please list names of any Trade or Employers associations that your workplace is a member of. *(e.g. Site Safe, Operate Safe etc)*

Are you AppCon approved?      Yes / No      *if yes please only complete 1-4 sign*

**4. Type of work**

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

- Environment and Planning       Community Development  
 Corporate Services       Engineering Services

Please describe the type(s) of work this application covers:

**5. 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 a copy)*       Yes       No

Are all staff aware of the Policy?       Yes       No

Does the company have a safety manual containing safety procedures and safety rules?       Yes       No  
*(if yes, please enclose a copy)*

How often are your Health and Safety procedures audited? \_\_\_\_\_

Does the company have written emergency procedures?       Yes       No

Do the emergency plans identify responsibilities and procedures to be followed?       Yes       No

Is appropriate Personal Protective Equipment (PPE) available and used by employees?       Yes       No  
*(if applicable)*       n/a

Is there a system in place for ensuring Personal Protective Equipment is maintained?       Yes       No

Do you have a workplace Health and Safety Committee and/or Representatives?       Yes       No

Does the company have toolbox/tailgate meetings with Health and Safety on the agenda?       Yes       No

## 6. Sub-Contractors

Does the company engage sub-contractors?  Yes  No

*(If no, skip the remainder of this section and go straight to section 7)*

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

Does the company audit its sub-contractors on a regular basis?  Yes  No  
*(if yes, please give details)*

Is there an induction programme for new sub-contractors and their employees?  Yes  No

Are there procedures for controlling the safety performance of your sub-contractors?  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 HSE 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 5 years due to accidents: _____		
Period covered from _____ to _____		
<b>Please supply:</b>		
• Records of workplace fatalities over the past 5 years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• A list of all accidents that have caused serious harm (as defined in the HSE Act 1992) 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 5 years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• Any safety performance improvements, prohibition notices or prosecutions issued by WorkSafe NZ over the past 5 years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• A listing of all incidences of damage to high voltage power cables or gas mains over the past 5 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? <i>(If yes, please enclose a copy)</i>	<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 Tasman 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 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: \_\_\_\_\_

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

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

**For Council office use only:**

**Approved**

*Contractors, Health, Safety and Environment Agreement signed on:*

\_\_\_ / \_\_\_ / \_\_\_

*Approval status valid 2 years from:*

\_\_\_ / \_\_\_ / \_\_\_

*Approved as:*

Grade A

Grade B

Grade C

**Not Approved**

*Reason:*

**Pending** (*further information required*)

*Information pending:*