

SITE SPECIFIC SAFETY PLAN

To be completed and handed to NZ Strong Group Ltd site management prior to commencement of work on site. To be read in **conjunction** with the explanatory notes attached.

To: NZ Strong Group Ltd
From: (subcontractor) **For:** (project)
For: (subcontract works)

We undertake as follows:

- 1. Site Safety Representative:
Our nominated on site safety representative is **(Insert Name)**

- 2. Notifiable Works:
We have notifiable works with our subcontract **Yes / No**

OSH has been advised **Yes / No**
(if Yes, a copy of the notification must be attached. Refer attached notes for supervisory requirements)

- 3. Hazard Management
A Hazard Register identifying all new hazards and appropriate controls **Yes / No**
will be maintained

Task Analysis of the significant work associated with our subcontract **Yes / No**
works and methods to control such hazards is attached
(Note: if not attached, then hazard ID and method of control must be submitted prior to starting work on site)

Hazardous products are associated with our subcontract works **Yes / No**
(If Yes, the appropriate Material Safety Data Sheets must be attached)

- 4. Communication / Employee Participation
The methods of communicating safety information to our Employees are by:
 Toolbox talks Pre-task planning meetings Notice board Co-ordination meetings
 Other **(State)**

- 5. Emergencies
Our First Aid Kit is located **(Insert Location)**

We have an emergency plan in place **Yes / No**
(If Yes, a copy must be attached)

We have procedures in place and a trained first aid person on site to **Yes / No**
render assistance in the event of an accident emergency

In the event of an evacuation our staff should report to **(Insert Name)**
Then, assemble at the evacuation area nominated by NZ Strong Site Management.

6. Accident / Incident: Reporting / Investigation / Recording
We have an accident / incident reporting / investigation system in place and keep an accident register **Yes / No**

All serious harm accidents will be reported to NZ Strong Site Management along with a copy of our accident investigation report

7. Safety Inspections and Safety Reviews
Frequency of our safety inspections is **Daily / Weekly**

A sample of documentation of our safety inspections is attached **Yes / No**

8. Training / Induction
All persons under our control on site are trained to carry out their work safely **Yes / No**

All persons under our control hold a current Site Safe Passport or Gold Card **Yes / No**

All persons under our control on site are given a Site Specific Safety Induction **Yes / No**

All persons under our control on site are appropriately qualified, competent, or fully supervised **Yes / No**

Signed Date
(Subcontractor Representative)

Signed Date
(NZ Strong Group Site / Project Manager)