

## Form 1. SUB-CONTRACTOR SITE SPECIFIC HEALTH AND SAFETY CHECKLIST

**MUST be completed and forwarded, with all accompanying documentation to:**

Richard Holliday, Health and Safety Advisor, [richardh@nzstrong.co.nz](mailto:richardh@nzstrong.co.nz) for approval before you may begin work on site. Please contact Richard on 021 934 271 if you have any questions.

To \_\_\_\_\_ (Main Contractor) For \_\_\_\_\_ (Project/Site)

From: \_\_\_\_\_ (Subcontractor) Phone \_\_\_\_\_

**ACC Workplace Safety Management Practices (WSMP) Scheme** – Are you approved under this scheme?

If “yes” please provide a copy of your certificate and **complete sections 1 and 11** only of this form.

### 1. Workplace Control and Management:

The on-site supervisor for this project is \_\_\_\_\_ (name)  
 \_\_\_\_\_ (e-mail) \_\_\_\_\_ (phone)

### 2. Management Commitment:

- a) Do you have a written health and safety policy statement  Yes  No  
**If so, please provide a copy.**
- b) Do you regularly review your health and safety performance?  Yes  No

### 3. Site Specific Health and Safety Plan

**Please supply a comprehensive site specific health and safety plan containing but not limited to the documentation detailed in this checklist.**

Plan Attached

### 4. Hazard Management:

- a) Have you identified all hazards together with control measures for each one?  Yes  No
- b) Are all staff familiar with your hazard register and encouraged to contribute?  Yes  No
- c) Do you have a standard Task Analysis form to analyse all hazardous work to be undertaken during this project?  Yes  No
- d) Are there hazardous products or processes associated with your sub-contract works?  Yes  No  
*(If ‘yes’ please attach the relevant Material Safety Data Sheets)*

**Please supply a copy of your hazard register relating to the work to be undertaken together with Task Analyses covering hazardous work to be done on this project.**

### 5. Training and Supervision

- a) Do you have documented evidence of training, experience and competencies of your staff including recognised industry safety training?  Yes  No
- b) Are all staff trained in all safety equipment, plant and chemicals to be used?  Yes  No

**Please supply a copy of your training and competency register.**

**PLEASE CONFIRM THAT THE NAMES OF ALL PERSONNEL WHO WILL BE WORKING ON THIS PROJECT ARE INCLUDED IN YOUR REGISTER.**

Yes  N

### 6. Accident, Incident, Near Miss Reporting

- a) Do you keep a register for all accidents, incidents, near misses?  Yes  No
- b) Do you have a procedure for the investigation and reporting of accidents, incidents, near misses?  Yes  No

**Please supply the name of the person who will be responsible for reporting and investigation on this project. Please supply copies of the relevant forms/documents used.**

**7. Emergency Procedures**

- a) Do you have an emergency plan which allocates responsibilities to on-site staff?  Yes  No
- b) Are your staff trained in emergency procedures listed on your plan?  Yes  No
- c) Will any of your on-site staff be trained in 1<sup>st</sup> Aid?  Yes  No
- d) Please state where your site 1<sup>st</sup> Aid kit is located .....

**Please supply a copy of your emergency plan for your work on this project.**

**8. Communication/Employee Participation:**

The methods of communicating safety information to employees are by: *(tick methods used)* **PLEASE SUPPLY TEMPLATES**

- Toolbox Talks Frequency.....
- Pre-task Planning Meetings Frequency.....
- Health and Safety Meetings Frequency.....
- Co-ordination Meetings Frequency.....
- Other .....Frequency .....

**9. Sub-Contractors**

- a) Do you intend to employ sub-contract workers on this project?  Yes  No
- b) If so, do you assess and monitor their health and safety performance?  Yes  No

**Please supply a copy of your assessment.**

**10. If you have answered "No" to any of the above questions please provide an explanation.**

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**11. Contractor Information**

- a) Number of staff you intend to have on site: .....
- b) Name of the person/s responsible for safety on site .....
- c) Have you ever been prosecuted on health and safety grounds or been served an improvement by the Department of Labour?  Yes  No

**If "Yes" please provide details and attach relevant documents:**

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