

## **SAFE FORM B - Health and Safety**

### **Approved Contractor Application**

#### **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, Southland Passport etc)*

#### 4. Type of work

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

- ☐ Environment and Planning
 ☐ Community Services
 ☐ Strategic Development  
☐ Corporate Services
 ☐ Engineering Services

Please describe the type(s) of work this application covers and list your top 4 identified Hazards/Risks:  
Work Type:

Hazard/Risk 1:

Hazard/Risk 2:

Hazard/Risk 3:

Hazard/Risk 4:

#### 5. Health and Safety Management

Does the company have a written Health and Safety Policy statement 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 HSAW 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 any workplace fatalities over the past 5 years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• A list of all Notifiable Events (as defined in the HSAW Act 2015) 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 (and/or the equivalent Govt Dept) over the past 5 years	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No events on record
• A listing of all Accidents/Incidents/Near misses when completing work for the SDC over the last 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? (If yes, please enclose a copy)	<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 Southland 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 safety 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:

Primary ☐

Secondary ☐

Ancillary ☐

☐ **Not Approved**

Reason:

☐ **Pending** (further  
information required)

Information pending: