

Contractor Health & Safety Pre-qualification Questionnaire (Code C)



Contractor: _____

Contact Person: _____

Address: _____

Email Address: _____

Phone Number: _____

Occupation/Activity: _____

Completing this questionnaire

All sections must be completed. If no work has been undertaken in a particular area, please state. Each reply will be individually assessed. If you have any difficulty understanding the requirements please see contact details at bottom of questionnaire.

ACC Workplace Safety Management Practices (WSMP) Scheme or ACC Partnership Programme

Are you approved under this scheme? If yes, please provide a copy of your certificate and complete sections 8 – 11 of this form only. If you are not approved the entire questionnaire must be completed.

Health & Safety Performance

1. Management Commitment

To make health and safety a day-to-day part of your business practice, businesses, their managers and supervisors need to be committed to health and safety.

Do you have a written health and safety policy statement Yes No

Please provide a signed and dated copy

Have you clearly defined management responsibilities? Yes No

Do you regularly review Health and Safety performance? Yes No

How do you do this and when was it last completed? _____

How do you communicate your policy statement to your staff, sub-contractors and visitors? _____

2. Hazard Management

Every business must have a process to help you identify, assess and control hazards in your workplace that is systematic and active at all times.

Have you systematically identified hazards? Yes No

Have you allocated control measures to each hazard? Yes No

Are all your significant hazards regularly assessed? Yes No

Have all your staff been provided with a copy of this work? Yes No

How do you review the effectiveness of your hazard controls? _____

Please supply a copy of this work e.g. hazard register listing hazards relating to the work undertaken, complete with the appropriate control measure.

3. Training and Supervision

Businesses must ensure that all their employees are informed of their own and your responsibilities for health and safety in their place of work. Employers must also make sure that their employees know how to manage the hazards to which they are exposed through workplace procedures, environment, equipment and materials.

How do you determine your employees' training needs? _____

How do you assess the competency of employees before allowing them to work unsupervised? _____

Do you have documented evidence of training provided or relevant experience? Yes No

Are all staff who are not adequately trained or experienced to undertake work in a safe manner supervised by an experience worker? Yes No

Are all staff trained in all safety equipment, plant and chemicals they use? Yes No

Do you have a training plan in relation to your identified hazards? Yes No

Please supply a copy of this work e.g. training plans and records



4. Accidents

Businesses must have a system that ensures incidents and injuries are reported, recorded and investigated, and the appropriate corrective action is taken.

Do you maintain a register of all accidents, near misses and serious harm? Yes No

Do you have a procedure for the investigation of accidents? Yes No

What arrangements do you have to report serious harm accidents? _____

Please supply a copy of this work e.g. Reporting and investigation procedures and forms, who is involved etc, procedures for notifying serious harm.

Do the results of this investigation get reviewed by senior management? Yes No

5. Emergency Procedures

Businesses must have an effective general emergency plan to manage all types of emergency likely to happen in any part of the workplace, and to comply with legislative requirements.

Do you have a plan for all likely emergencies? Yes No

Does your plan allocate specific responsibilities to individual staff members? Yes No

Have you performed training in relation to emergency plan/s? Yes No

Have your emergency plans been communicated to your staff? Yes No

Please supply a copy of this work e.g. emergency plans showing individual responsibilities, staff training etc



Contractor/Information

8. Total number of staff: _____

9. Who is responsible for safety in your organisation?: _____

10. Have you ever been prosecuted on health and safety grounds or been served an improvement notice by the Department of Labour? Yes No

If yes, please provide details: _____

11. Name of person who would be responsible for health and safety on the contract works: _____

Qualifications and experience: _____

Will a trained first aid person be available on site during your contract? Yes No

Note to Contractors: If this pre-qualification application is approved, you are required to inform Matamata-Piako District Council of any changes to the circumstances of your business operations or ownership that might impact on your health and safety management and performance.

Name: _____

Position: _____

Signature: _____ Date: _____

Return completed questionnaire and accompanying documents to:

Health & Safety Officer
Matamata Piako District Council
PO Box 266
Te Aroha 3342

