**Contractor Prequalification Approval Application**

This is a Health and Safety Approval Application by the contractor **YOU.** Please complete this form by answering **(ticking) Y-Yes or N-No** to each of the questions in this document and completing the section below.

|  |  |  |
| --- | --- | --- |
| Contractor Business Name: |  | |
| Contractor Contact Details: | Name: |  |
| Mobile: |  |
| Email: |  |
| Contractor Health and  Safety Personnel Details  (Who looks after your health and safety) | Name: |  |
| Mobile: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| **General** | **Y** | **N** |
| You agree to make available for inspection to COMPANY NAME  any documentation related to health and safety in connection with any contract with COMPANY NAME. |  |  |
| COMPANY NAME will monitor your activities and carry out safety audits during the progress of the contract. |  |  |
| Before beginning work on any contract , or if there is significant change to the type of work being undertaken, you will carry out a systematic identification of hazards, assess the level of risk and develop controls. The hazards and controls will be provided to COMPANY NAME in the form of a JSA, Task Analysis or Risk Assessment. |  |  |

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| **Contractor Declaration** | |
| If we are engaged as a contractor for COMPANY NAME:   * We agree to abide by the requirements of New Zealand Health and Safety Legislation, Regulations, Codes of Practice or relevant standards. * We agree to abide by the requirements outlined in this document. | |
| Print your name: | Signature:  Date: |

|  |  |
| --- | --- |
| Company Name:  Company  representative: | Signature:  Date: |

**Prequalification**

All contractors engaged by COMPANY NAME must complete and provide the following health and safety information.

|  |  |
| --- | --- |
| Ensure you have provided the below before submitting this form: | Included |
| Contract approval application completed | Y |
| Public Liability Insurance certificate | N |
| Contractor’s Health and Safety Policy | Y |
| Contractors Staff training and competency register | Y |
| Additional Health and Safety Documentation evidence as per below questions | Y |

Please email the above documents, and anything requested in the rest of this form:

|  |  |  |
| --- | --- | --- |
| **1.0 Accepted Certifications Y N** | | |
| Do you have a current certification to a health and safety audit standards such as ACC, WSMP Tertiary, AS/NZS 4801, ISO 45001 or similar? If yes, you don’t need to complete Sections 2.0 & 10.0 |  | N |
| **2.0 Self Employed Contractors Y N** | | |
| If you are self-employed, carry out low risk work such as minor repairs or improvements and do not have your own safety management system, do you agree to abide by COMPANY NAME safety requirements.  If you fall into the category above and have ticked yes you don’t need to complete 3.0 & 8.0  If you answered no in section 1.0 and 2.0 or they do not apply to you, please complete the below sections. | Y |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.0 Performance Y N** | | | | |
| Has your organisation had any serious harm injuries in the last 3 years?  *If yes please provide a summary of key details including causes and solutions.* | |  | N |
| Has your organisation had any workplace deaths in the last 5 years?  *If yes please provide a summary of key details including causes and solutions.* | |  | N |
| Has your organisation been prosecuted by WorkSafe NZ for breaches of the Health and Safety at Work Act or Regulations in the last 5 years?  *If yes please provide a summary of key details including causes and solutions.* | |  | N |
| Has your organisation been issued with any Improvement, Prohibition or Infringement notices in the last 5 years?  *If yes please provide a summary of key details including causes and solutions* | |  | N |
| Do you review Health and Safety Management at Board Level?  *If yes, please provide a copy of senior management and board meeting minutes relating to health and safety.* | |  | N |
|  |  | | | |
| **4.0 Hazard Risk Management Y N** | | | | |
| Will you, your subcontractors and agents identify any hazards, level of risk and the controls for those hazards that you or they are brining into NO NAME managed sites.  *Please provide a copy of your hazard/risk management procedure and current hazard risk register.* | | Y |  |
| **5.0 Emergency Procedures Y N** | | | | |
| Will you or your workers be involved in any emergency plans required for the work activities/project at COMPANY NAME sites. (e.g. high risk work)  Please provide information on:   * *General Emergency Procedures for personnel carrying out work on behalf of COMPANY NAME.* * *Specific Emergency Procedures for high risk work such as working at height and confined space.* | | Y |  |
| Will the Emergency Plan identify all responsibilities and procedures to be followed? | | Y |  |
| Will all of your workers and subcontractors receive training in your Emergency Procedures for work carried out on COMPANY NAME sites?  *Please provide evidence of training. E.g. Current First Aid Certificate, Fire Extinguisher Training.* | | Y |  |
| **6.0 Accident Investigation Y N** | | | | |
| Dose your organisation have a procedure for investigation, reporting and follow-up of all accidents?  *Please provide a copy of:*   * *Your Incident Management Procedure* * *Two completed copies of Separate Incident Reports* * *Current Incident Register (for the last 12 months)* | | Y  N  N |  |
| Are results of any investigation communicated to workers  *Please provide a copy of evidence in the form of Toolbox Meeting Minutes,* | | Y |  |
| Does your orgaisation agree to report all injuries, environmental incidents, property damage and near misses to COMPANY NAME. | |  |  |
| **7.0 Safety Training Y N** | | | | |
| Is Health and Safety Training carried out on a regular basis?  *Please provide a brief summary on planned health and safety related training for the next 12-months. Update site safe passport – workplace training* | | Y |  |
| Will all of your workers and subcontractors undertaking works on our premises be competent for the work required? Will they be under adequate supervision by someone who is trained and/or experienced to do the job safely. | | Y |  |
| **8.0 Health Monitoring Y N** | | | | |
| Do you carry out health monitoring for your employees?  Provide examples of monitoring include testing hearing, lung function, vision etc. | |  | N |

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| **9.0 Subcontractors Y N** | | |
| Does your organisation have a procedure in place for the selection and management of Subcontractors.  *Please provide a copy of:*   * *Your procedure to select, induct, monitor and evaluate subcontractors.* * *Your list of approved or intended subcontractors for this contract.* | Y  Y |  |
| Will your organisation induct subcontractors into COMPANY NAME safety requirements of the contract in areas under their control? | Y |  |
| Will you ensure any subcontractor or agents working on your behalf will abide by the requirements laid out in the COMPANY NAME health and safety management system? | Y |  |
| **10.0 Project Safety Methodology Y N** | | |
| Do you have a Safety Plan specific to the work being carried out?  Please provide a copy of an example Safety Plan. The safety plan must be accepted by COMPANY NAME prior to any work commencing on site. | Y |  |
| Do you have a Safe Work methodologies. (e.g. JSA, Task Analysis in place for high risk works) | Y |  |

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| **Contractor Declaration** | |
| If we are engaged as a contractor for COMPANY NAME:   * We agree to abide by the requirements of New Zealand Health and Safety Legislation, Regulations, Codes of Practice or relevant standards. * We agree to abide by the requirements outlined in this document. | |
| Contractor name: | Signature:  Date: |

|  |  |
| --- | --- |
| Company Name:  Company  representative: | Signature:  Date: |

**Prequalification**

All contractors engaged by COMPANY NAME must complete and provide the following health and safety information.

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| Ensure you have provided the below before submitting this form: | Included |
| Contract approval application completed | Y |
| Public Liability Insurance certificate | N |
| Contractor’s Health and Safety Policy | Y |
| Contractors Staff training and competency register | Y |
| Additional Health and Safety Documentation evidence as per below questions | Y |

Please email the above documents, and anything requested in the rest of this form:

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| **1.0 Accepted Certifications Y N** | | |
| Do you have a current certification to a health and safety audit standards such as ACC, WSMP Tertiary, AS/NZS 4801, ISO 45001 or similar? If yes, you don’t need to complete Sections 2.0 & 10.0 |  | N |
| **2.0 Self Employed Contractors Y N** | | |
| If you are self-employed, carry out low risk work such as minor repairs or improvements and do not have your own safety management system, do you agree to abide by COMPANY NAME safety requirements.  If you fall into the category above and have ticked yes you don’t need to complete 3.0 & 8.0  If you answered no in section 1.0 and 2.0 or they do not apply to you, please complete the below sections. | Y |  |

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| **3.0 Performance Y N** | | | | |
| Has your organisation had any serious harm injuries in the last 3 years?  *If yes please provide a summary of key details including causes and solutions.* | |  | N |
| Has your organisation had any workplace deaths in the last 5 years?  *If yes please provide a summary of key details including causes and solutions.* | |  | N |
| Has your organisation been prosecuted by WorkSafe NZ for breaches of the Health and Safety at Work Act or Regulations in the last 5 years?  *If yes please provide a summary of key details including causes and solutions.* | |  | N |
| Has your organisation been issued with any Improvement, Prohibition or Infringement notices in the last 5 years?  *If yes please provide a summary of key details including causes and solutions* | |  |  |
| Do you review Health and Safety Management at Board Level?  *If yes, please provide a copy of senior management and board meeting minutes relating to health and safety.* | |  | N |
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| **4.0 Hazard Risk Management Y N** | | | | |
| Will you, your subcontractors and agents identify any hazards, level of risk and the controls for those hazards that you or they are brining into NO NAME managed sites.  *Please provide a copy of your hazard/risk management procedure and current hazard risk register.* | | Y |  |
| **5.0 Emergency Procedures Y N** | | | | |
| Will you or your workers be involved in any emergency plans required for the work activities/project at COMPANY NAME sites. (e.g. high risk work)  Please provide information on:   * *General Emergency Procedures for personnel carrying out work on behalf of COMPANY NAME.* * *Specific Emergency Procedures for high risk work such as working at height and confined space.* | | Y |  |
| Will the Emergency Plan identify all responsibilities and procedures to be followed? | | Y |  |
| Will all of your workers and subcontractors receive training in your Emergency Procedures for work carried out on COMPANY NAME sites?  *Please provide evidence of training. E.g. Current First Aid Certificate, Fire Extinguisher Training.* | | Y |  |
| **6.0 Accident Investigation Y N** | | | | |
| Dose your organisation have a procedure for investigation, reporting and follow-up of all accidents?  *Please provide a copy of:*   * *Your Incident Management Procedure* * *Two completed copies of Separate Incident Reports* * *Current Incident Register (for the last 12 months)* | | Y | N  N |
| Are results of any investigation communicated to workers  *Please provide a copy of evidence in the form of Toolbox Meeting Minutes,* | | Y |  |
| Does your orgaisation agree to report all injuries, environmental incidents, property damage and near misses to COMPANY NAME. | | Y |  |
| **7.0 Safety Training Y N** | | | | |
| Is Health and Safety Training carried out on a regular basis?  *Please provide a brief summary on planned health and safety related training for the next 12-months. Update site safe passport – workplace training* | | Y |  |
| Will all of your workers and subcontractors undertaking works on our premises be competent for the work required? Will they be under adequate supervision by someone who is trained and/or experienced to do the job safely. | | Y |  |
| **8.0 Health Monitoring Y N** | | | | |
| Do you carry out health monitoring for your employees?  Provide examples of monitoring include testing hearing, lung function, vision etc. | |  | N |

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| Contractor name: | Signature:  Date: |

|  |  |
| --- | --- |
| Company Name:  Company  representative: | Signature:  Date: |

**Prequalification**

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| **3.0 Performance Y N** | | | | |
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