



Health and Safety Approved Contractor Application Form

1. Business Information

Company Name:	
Address:	
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. Category of works your organisation is qualified for: (Note you must supply evidence of training)

<input type="checkbox"/>	Managing Physical Works	<input type="checkbox"/>	Traffic Management	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Arboriculture
<input type="checkbox"/>	Physical Works Contractor	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Roading	<input type="checkbox"/>	Horticulture
<input type="checkbox"/>	Hazardous Substances	<input type="checkbox"/>	Cleaning/Waste	<input type="checkbox"/>	Plant	<input type="checkbox"/>	Engineer	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Height Work	<input type="checkbox"/>	Consultant	<input type="checkbox"/>	Craneage	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Drainage	<input type="checkbox"/>	Water	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Plumber
<input type="checkbox"/>	Other Please Specify								

Please provide evidence for all employees of qualifications, licensing details and training related to the work they will be undertaking.

4. Insurance Details

Insurance	Policy No	Insurer	Expires	Sum Insured
Public Liability				
Professional Indemnity				

5. Safety Accreditation

Does your company hold a current ACC Workplace Safety Management Programme or Partnership Programme certificate?	Yes	No
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If No – complete all sections of form

If Yes - go to section 7

6. Health and Safety Management

Please supply details of your procedures for and describe how you manage the following safety requirements: (alternatively you can provide a copy of your health and safety policy and manual containing safety procedures)

Hazard identification and control processes which identify site/project specific and new hazards.
Site inspections to ensure hazard controls are in place and working.
Emergency and first aid procedures.
Identification and use of personal protective equipment.
Accident/Incident report and investigation.
Contractors or sub-contractor management.
Communication of safety information and/or evidence of toolbox meetings with staff.

Evidence staff working on the site undertaking work have been appropriately trained and licenced/
trained to use equipment for the type of work. Evidence of all licences/ permits etc.

7. Have you or your staff had any work related accidents that required more than basic first aid treatment onsite in the past 12 months?

- Yes Outline details below or attach information
 No Go to number 8

8. Have you had any Serious Harm incidents that have been reportable to WorkSafe NZ in the last 12 months?

- Yes Outline details below or attach information
 No Go to number 9

9. Have you ever received any improvement/infringement/prohibition notices, formal warnings from WorkSafe NZ or been prosecuted for breaches of health and safety legislation? (within the last 12 months for renewal applications)

- Yes Outline details below or attach information
 No Go to number 10

10. Contractor Signature

By signing below the Contractor agrees:

1. That I have read and understood and have signed the "KDC Contractor Safety Agreement"
2. I declare that the information given by me on behalf of the company listed above on this form and any attached documentation is true, complete and correct. A false statement or dishonest answer to any question may be grounds for my immediate disqualification or termination from contracts/employment with Kaikoura District Council. I agree to promptly notify Kaikoura District Council if any information supplied changes.

Signed for and on behalf of the Contractor	Signed for and on behalf of Kaikoura District Council
Full name:	Full name:
Signature:	Signature:
Position:	Position:
Date:	Date:

Please return completed form and any accompanying documentation to:

**Executive Officer
Kaikoura District Council
PO Box 6
34 Esplanade
KAIKOURA 7340**

Contractors to complete and return

- KDC Contractor Safety Acknowledgement signed and returned
- Attached ACC WSMP or other evidence of externally verified safety management system
- Attached training manual for all employees

Contractors Health and Safety Agreement

Policy

It is the policy of Kaikoura District Council to engage only competent Contractors who shall meet stringent health and safety standards and checks. The Council expects and will ensure that, so far as is reasonably practicable, all Contractors, sub-contractors and their employees, comply with all relevant safety legislation, approved codes of practice and industry standards.

The Contractors acknowledges the following and will:

- Comply with and understand their obligations to themselves, their sub-contractors and their employees under the current Health and Safety at Work Act 2015 and any other relevant legislation including rules and regulations of the Council.
- Notify the Council of any hazards they bring on to, create or are aware of on site.
- Be inducted before commencing work on any site and will agree to our health and safety policies and procedures.
- Have an effective health and safety management system in place which includes methods for identifying any significant hazards. Any significant hazards are to be reported to the Council as soon as practicable and advised in writing within seven days.
- Ensure all Contractor employees and any sub-contractors they engage, are suitably qualified, experienced, trained and supervised and all required certificates are current.
- Have procedures in place for dealing with emergencies that may arise while employees are at work. The Contractor is to ensure their employees, sub-contract employees and the Council contact are familiar with these procedures.
- If requested, provide the Council with any documents relating to health and safety in relation with this contract for inspection.
- The Contractor is responsible for notifying WorkSafe NZ if notifiable work is to be carried out while working for the principal.
- Report accidents and near misses to the Council contact within 48 hours or as required in contract documentation or agreement with the Council contact.
- Advise the Council contact verbally within an hour and in writing within 48 hours of all serious harm events and advise WorkSafe as soon as possible by phone and provide a written notice of circumstances within 7 days.
- Provide their employees with Personal Protective Equipment that may be required to complete the work safely.
- Advise the Kaikoura District Council of any change in procedures, standards and performance or key personnel as they occur.

The Contractor acknowledges the following:

- Should the Contractor be in breach of its health and safety obligation the Principal may direct the Contractor to suspend the Contractor's performance of all or part of the Services until such time as the Contractor satisfies the Principal that it is able to comply with such obligations.
- The Principal is not required to make any payment to the Contractor in respect of any period for which the Service is suspended as detailed above.

Declaration:

By signing below the Contractor agrees:

That I have read and understood the “Contractors Health and Safety Agreement” (above)

That I have read and understood the “Contractors Health and Safety Information Booklet”.

Signed for and on behalf of the Contractor	Signed for and on behalf of Kaikoura District Council
Full name:	Full name:
Signature:	Signature:
Date:	Date:
Position:	Position:

Health and Safety Approved contractor status shall remain current for two years subject to the Contractor’s health and safety performance.