



**NZCTA04**

## **CONTRACTOR PRE WORK APPLICATION**

Please complete this questionnaire prior to commencing any work for The Club.

### **1. Scope**

*This assessment is used by The Club to assess the extent to which our Contractors are committed to Health and Safety. The assessment considers a wide range of issues relevant to Health and Safety. Based on the assessment response, we will determine if the Contractor qualifies as an "Approved Contractor".*

### **2. Contractor Details**

Name of Company	
Postal Address	
Street Address	
Email Address	
Company Representative	
Phone/Mobile	
Type of Service to be Provided	

### **3. Questions to be Answered by Contractor**

	Yes	No
<b>3.1 Policies</b>		
1. Do you have a written Health and Safety Policy?		

*Attach copy of policy*

	Yes	No
<b>3.2 Insurance</b>		
2. Do you have Public Liability Insurance?		
3. Do you have Motor Vehicle Insurance?		

*Attach copies of Insurance policies to this document*



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<b>3.3 Occupational Health and Safety Systems</b>	<b>Yes</b>	<b>No</b>
4. Is your company a member of an ACC Workplace Safety Management Program/WSD		
5. What is your current level of Accreditation? (please circle) <b>Primary</b> <b>Secondary</b> <b>Tertiary</b>		
6. Do you conduct internal/external audits?		

<b>3.4 Training and Competencies</b>	<b>Yes</b>	<b>No</b>
7. Do all your employees and sub-contractors hold Current qualification/licences and permits to conduct their work?		
8. Do you have a documented list of the skills and training your employees require?		
9. Do you have employee induction programme that includes Health and Safety Training?		
10. Have all your employees been trained on how to identify hazards and risks in the workplace?		

*You must be able to provide evidence of training on request.*

*Please explain how you test and document the competency of your employees:*

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<b>3.5 Incident Management Reporting</b>	<b>Yes</b>	<b>No</b>
11. Does your company have processes and procedures for reporting incident and accidents		
12. Are all incidents and accidents investigated?		
13. Has your company had Fatalities, Notifiable Injuries, Incidents or Illness, Lost Time Injuries and incidents causing property damage during a contract in the last year? (If so how many)		
14. Has your company been prosecuted for a Health and Safety or Environmental Breach?		

*If so please explain and indicate how you have taken steps to prevent a reoccurrence of this:*

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<b>3.6 Plant and Equipment</b>	<b>Yes</b>	<b>No</b>
15. Does your company have a documented system for maintenance of all plant and equipment?		
16. Do you ensure that all plant and equipment is fitted with the correct and legal safety provisions?		
17. Is appropriate PPE issued to your employees to carry out work?		

<b>3.7 Emergency Procedures</b>	<b>Yes</b>	<b>No</b>
18. Does your company have emergency response procedure to deal with work-site emergencies?		
19. Have your employees been trained and understand on what to do in an emergency situation?		
20. Have your employees been trained in First Aid?		
21. Will you be conducting high risk activities – eg Work at Heights, Hot Work, Excavation Work		
22. Do you have a rescue plan in place and are employees trained to carry out rescues in these particular situations?		

<b>3.8 Hazard Management</b>	<b>Yes</b>	<b>No</b>
23. Does your company have a process to identify, report and control hazards and risks in the workplace?		
24. Does your company use Task Analysis Work Sheet s (TAWS) or Job Safety Analysis System (JSA)		

<b>3.10 Selection of Sub-Contractors</b>	<b>Yes</b>	<b>No</b>
25. Does your Company have a process to assess the health and safety and training capacity of sub-contractors?		
26. Is the performance of sub-contractors monitored as work is undertaken?		



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#### **4. Other relevant information**

*If there is any other information you wish to provide please include it here:*

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#### **5. Conditions**

*It is an expectation that all contractors, sub-contractors and their employees will comply with the Health and Safety at Work Act 2015 and relevant statutory requirements while conducting work on The Club grounds.*

*Signed for and on behalf of the contractor by:*

*Full Name of Contractor Representative:*

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*Signature:*

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*Date:*

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