

Contractor Pre-Qualification Application

For you to become a pre-qualified contractor with Council (includes Vector Control Services (VCS)) you will need to show that your Health & Safety Management system is:

- a) suitable for the work you do and the size of your business; and
- b) relevant to the scope of work you wish to undertake; and
- c) kept up to date; and
- d) utilised by your staff.

You will need to provide documentation, or detailed written statements, as evidence. Please note that submitting blank templates does not constitute as “evidence” to support this application.

Contractor Details

Project: _____

Legal Name of Business: _____

Trading As: _____

Address: _____

Key Contact Person: _____

Job Title: _____

Telephone: _____ Mobile: _____

Email: _____

H&S Contact Person: _____

Telephone: _____ Mobile: _____

Email: _____

Industry Affiliation/ Memberships (IE: MTA, Master Builders)

1.0.	Health & Safety Overview
1.1.	<p>Please provide a copy of the Health and Safety Policy.</p> <p>This must be <u>current</u> (within the last two years) and <u>signed</u> by the most senior person within the business.</p>
1.2.	<p>What level of accreditation do you have?</p> <p>If you have achieved an accreditation, please provide a copy of the certificate as evidence.</p> <p><input type="checkbox"/> ISO 45001</p> <p><input type="checkbox"/> ACC Partnership</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other _____</p>
1.3.	<p>Do you use documented work practices and safety instructions (example – SWMS, Safe Operating Procedures, Task Analysis, Job Safety Analysis)?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(Please provide completed evidence of this within the last 12 months).</p>
1.4.	<p>Does your business hold Meetings with your workers? (i.e. H&S Committee, toolbox meetings)</p> <p>Please provide completed evidence of this (within the last 12 months).</p> <p>.....</p> <p>.....</p>
2.0.	Health & Safety Training
2.1.	<p>Please provide a copy of your business’s Training & Competency Register (this must include subcontractors being used).</p> <p>This must be <u>current</u>, please include all relevant certifications of staff that will be working on Council Projects. Competencies we are interested in (if held but not limited to) are:</p> <ul style="list-style-type: none"> • First Aid • Working at Heights • Licences held by pilot/s • Dangerous Good endorsements • Driver’s License • Appropriate vehicle Classes • Any other relevant certifications
2.2.	<p>How does your business assess the competency of your workers before allowing them to work unsupervised?</p> <p><i>It is extremely important that your workers are competent to complete their work without risk to safety or health.</i></p> <p>.....</p>

3.0.	Hazard Identification & Management
3.1.	<p>Please provide a copy of your business’s Hazard/ Risk Management Process.</p> <p>This must be <u>current</u> (within the last two years) and <u>signed</u> by the most senior person within the business. This should include:</p> <ul style="list-style-type: none"> • How your company identifies hazards • What recording tool do you use for these hazards • Control measures used to minimise risk. <p>If you use an on-the-job hazard identification process – provide example if you do.</p> <p>.....</p>
3.2.	Please provide evidence of the recording tool used for Hazards/ Risks (example Risk Register).
3.3.	<p>Please provide evidence of a Health and Safety Inspection/Audit carried out on site.</p> <p>Please provide written evidence of past site inspections/audits. Blank templates will not be accepted as suitable evidence. For smaller businesses, this may be a copy of tailgates/job safety analysis, post incident investigations.</p>
3.4.	<p>How does your business ensure that issues identified during inspections/audits are actioned and completed?</p> <p>Please include timeframe of having these completed.</p> <p>.....</p>
4.0.	Injury, Illness & Incident Reporting, Investigation & Notification
4.1.	<p>Please provide evidence of an Injury, Incident & Near Miss Register.</p> <p>Please provide a copy of your Register or completed incident forms (NOTE: ensure personal details are <u>removed</u>)</p>
4.2.	<p>How will your business notify our organisation of any Injuries/ Incidents or Near Misses that may occur while conducting work?</p> <p>Please include Timeframes of Reporting (please note reporting must be in within 24 hours of Incident occurring)</p> <p>.....</p>
4.3.	How does your business ensure that issues identified after Injuries, Incidents or a Near Miss are actioned and completed?

	<p>.....</p> <p>.....</p>
4.4.	<p>Has your Business or director/s been investigated, prosecuted or issued a notice for any offence by WorkSafe NZ, NZ Police, Maritime NZ, Civil Aviation NZ under New Zealand’s Health & Safety Legislation or any associated Regulations in the last three years?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide details, including what your business has done to prevent a recurrence.</p> <p>.....</p> <p>.....</p>
5.0.	Emergency Planning & Procedures
5.1.	<p>Please provide a copy of your business’s Emergency Management Plan.</p> <p>This must be <u>current</u> (within the last two years) and <u>signed</u> by the most senior person within the business.</p>
5.2.	<p>What emergency equipment do you provide? Please select (multi select) below and supply evidence.</p> <p><i>(Please note that with VCS contractually an Operator must carry two types of communication devices on them, in the field.)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> First aid kits <input type="checkbox"/> Defibrillator <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Spill kits <input type="checkbox"/> Rescue equipment <input type="checkbox"/> Epirb <input type="checkbox"/> Inreach <p><input type="checkbox"/> Other:</p>
6.0.	PPE & Health & Safety Monitoring
6.1.	<p>Is personal protective equipment provided to your workers for task specific roles?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
6.2.	<p>Please provide a copy of your business’s PPE Policy.</p> <p>This must be <u>current</u> (within the last two years) and <u>signed</u> by the most senior person within the business.</p>

6.3.	<p>Does your organisation have a health monitoring system in place for your employee's?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If so, please explain.</p>
7.0. Equipment, Machinery & Vehicles (complete this section if applicable)	
7.1.	<p>Please provide a list of equipment, machinery and/or vehicles (including helicopter) being used to carry out work for the Council.</p> <p>This must be <u>current</u> (within the last two years) and <u>signed</u> by the most senior person within the business.</p> <p>This must include:</p> <ul style="list-style-type: none"> • Make • Model • Year of vehicle • Registration <p>We are looking for the following to be listed (but not limited to):</p> <ul style="list-style-type: none"> • Vehicles/ Trucks • Helicopters • Buckets • Loaders • Fuel Tankers
7.2.	Please provide evidence of your Equipment, Machinery & Vehicle Maintenance Schedule.
7.3.	<p>How does your business ensure that plant/equipment/vehicles have current certifications?</p> <p>.....</p> <p>.....</p>
8.0. Hazardous Substances (complete this section if applicable)	
8.1.	<p>Please provide a copy of your business's Hazardous Substances Plan.</p> <p>This must be <u>current</u> (within the last two years) and <u>signed</u> by the most senior person within the business. This should include:</p> <ul style="list-style-type: none"> • Toxin Storage • Transporting Toxins • HSNO Requirements • Signage • Safety Data Sheets (SDS) (Up to date Versions) – Evidence to be provided. • Toxin Tracker • Toxin Tracking Processes

8.2.	Please provide evidence of a Hazardous Substances Register.
8.3.	<p>Have you completed notifiable hazardous work before? <i>If applicable, how do you plan for particular hazardous work?</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
9.0. Sub-Contractors (complete this section if applicable)	
9.1.	<p>Will your business use Sub-contractors as part of your scope of services?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
9.2.	<p>If Yes (to 9.1), Please identify how you plan on managing your Subcontractor? <i>Please supply evidence of past site inspection reports, observations, walk-throughs, post contract reviews or audits.</i></p> <p>.....</p> <p>.....</p> <p>.....</p>
10.0. Certification	
10.1.	<p>Please list and provide evidence of any certifications held by your company? For example Part 135/137 Cert, AirCare accreditation, WARO permit</p> <p>.....</p> <p>.....</p>
11.0. Insurance (provide applicable document)	
11.1.	Please provide current copy of your business's Public Liability Insurance.
11.2.	Please provide current copy of your business's Professional Indemnity Insurance.
11.3.	Please provide current copy of your Motor Vehicle Insurances.

References**Reference 1:**

Name of Referee: _____

Relationship: _____

Telephone: _____ Mobile: _____

Reference 2:

Name of Referee: _____

Relationship: _____

Telephone: _____ Mobile: _____

Reference 3:

Name of Referee: _____

Relationship: _____

Telephone: _____ Mobile: _____

DeclarationI, _____ declare that the answers
(Full Name)given to all questions for and on behalf of _____
(Business Name/ Legal Trading Name)

are true, correct and I have the authority to complete this declaration.

I understand that the Council may seek further evidence in support of this application and has the right to inspect worksites and health and safety records at any time.

(Signature)_____
(Title)_____
(Date)