



Te Kaunihera o Taranaki ki Te Tonga  
**South Taranaki**  
 District Council

# QUESTIONNAIRE

CONTRACTOR PRE QUALIFICATION TWO YEAR REVIEW

The safety acceptable status of STDC Health and Safety Pre-qualified Contractors is valid for two years.

If you would like to remain on the Council's Pre-qualified Contractor database, please complete the questionnaire that follows.

If you have any queries or if you no longer wish to remain on our database please advise us.

Please complete this questionnaire and return it with all required information to:

South Taranaki District Council

Private Bag 902

Hawera 4640

Attention: Health and Safety Advisor

Email: [healthandsafety@stdc.govt.nz](mailto:healthandsafety@stdc.govt.nz)

## 1. Applicant Details

1.1 Company Name

1.2 Contact Details

  


Postal Address

  


Physical address

1.3 Contact Person

(Senior health and safety officer)

 ( )

Phone

 ( )

Mobile

 ( )

Fax

Email

1.4 Work Type

1.5 Number of Employees

1.6 Council Contract Manager

1.7 Give a brief and general description of the capabilities and types of service your company provides.

## 2. Health and Safety Policy and Management Commitment

- 2.1 Is your company a registered user of any of the following Contractor Health & Safety Pre-qualification programs? Impac Prequal, SiteWise Green, SHE  Yes  No  
*If yes, please provide the current certificate and state level achieved.*

## 3. Health and safety meetings

- 3.1 STDC requires that regular meetings to discuss workplace risk are conducted. Do you have workplace meetings that discuss current workplace risk?  Yes  No  
*If yes, please provide evidence of a recent meeting.*

## 4. Subcontractors

- 4.1 Do you use subcontractors for STDC work?  Yes  No  
Please note all subcontractors must be a STDC Health and Safety Pre-qualified Contractor.  
*If yes, please list subcontractors to be used for STDC work.*

## 5. Training

- 5.1 We require evidence that your training is current.  
*Please provide evidence of any new or refresher training completed in the last two years. (e.g. Chemical Handling, Confined Space Entry, First Aid, Working At Heights, Traffic Management, Rigging, Scaffolding, Elevated Work Platform (EWP)).*

## 6. Performance

- 6.1 Has your company or any workers been prosecuted for a health and safety offence in the past two years?  Yes  No  
*If yes, please provide details.*

- 6.2 Have you ever been investigated by WorkSafe for any event during the last two years?  Yes  No  
*If yes, please provide details and a copy of the report.*

## 7. Insurance

7.1 Please provide current certificates of insurance for the following policies that relate to your business;

- Public Liability or General Liability Insurance (minimum cover of \$2m).
- Motor Vehicle Insurance.
- Professional Indemnity Insurance if applicable (minimum cover of \$2m).

## 8. Applicant's Declaration

8.1 We have read and understood the STDC Health and Safety Questionnaire and Agreement, and agree to comply in good faith

Signature

Date

Full name (print clearly)

Position

Phone

Email

### OFFICE USE ONLY

*Application assessed by*

*Signature*

*Date*

**Assessment**



**Satisfactory**



**Not yet satisfactory**