



Te Kaunihera o Taranaki ki Te Tonga
South Taranaki
 District Council

QUESTIONNAIRE

CONTRACTOR PRE QUALIFICATION

The Health and Safety at Work Act (HSWA): 2015 requires a Person Conducting a Business or Undertaking (PCBU) to ensure so far as is reasonably practicable, the health and safety of workers who work for the business or undertaking, or workers whose work activities are influenced or directed by the PCBU, while carrying out work.

A worker includes:

- An employee; or
- A contractor or subcontractor; or
- An employee of a contractor or subcontractor.

Pre-qualification is the assessment of how a contractor manages risk in the workplace.

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

South Taranaki District Council

Private Bag 902

Hawera 4640

Attention: Health and Safety Advisor

Email: 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 the level achieved.

If you answered yes to Question 2.1 you may proceed directly to Section 9.

Note: WSMP recognises businesses who have good safety management practices.

- 2.2 Do you have a written health and safety policy? Yes No
If yes, please provide a copy.
- 2.3 Is there a safety management system or statement that includes clear responsibilities? Yes No
If yes, please provide a copy.

3. Safe Work Procedures and Work Practices

- 3.1 Do you have documented evidence of work practices and safety instructions for completing the tasks involved in providing the services that you are likely to be carrying out for STDC? Yes No
If yes, please provide evidence.

4. Workplace Hazards

- 4.1 Do you have procedures for identifying and reporting hazards in the workplace? Yes No
If yes, please provide a copy.
- 4.2 Do you have procedures for assessing significance and applying controls to hazards? Yes No
If yes, please provide a copy of the hazard register.
- 4.3 Do you use hazardous substances? Yes No
If yes, please attach the list and explain how these are managed.

5. Plant, Equipment and Vehicles

- 5.1 Do you have procedures for ensuring plant, equipment and vehicles to be used for the contract will be safe, fit for purpose, in good condition, regularly maintained, properly certified, and insured? Yes No
If yes, please provide evidence.

6. Incident Reporting and Investigation

- 6.1 Do you have documented incident reporting, investigation and follow-up procedures? Yes No
If yes, please provide a copy of a completed report/investigation form.
- 6.2 Do you have someone assigned for the responsibility of investigation and following up all accidents and near misses? Yes No
If yes, who is this?
- 6.3 Do you have trained accident investigators? Yes No
If yes, who is this?

7. Workplace Inspection/Audits

7.1 Do you conduct regular health and safety inspections or audits of workplaces? Yes No
If yes, please provide a completed example.

8. Consultation and Communication

8.1 What opportunities do you provide for your employees to contribute to health and safety?

8.2 Do you have workplace health and safety meetings where you discuss current risks? Yes No
If yes, please provide evidence.

9. Subcontractors

9.1 Do you use subcontractors? Yes No
 Please note all subcontractors must be a STDC health and safety pre-qualified contractor.
 If you answered no to Question 9.1 go to Section 10.
If yes, please list subcontractors to be used for STDC work.

9.2 Do you have a procedure for managing and monitoring the health and safety of your subcontractors? Yes No

9.3 Do you have a subcontractor health and safety approval system? Yes No

10. Training, Skills, Experience and Competence

10.1 Do you have a system providing employee on the job training and induction? Yes No
If yes, please provide a completed induction form of an employee and training evidence.

10.2 Does your company carry out work in any of the following high risk areas?

	Yes ✓
Arboriculture	
Asbestos removal	
Chemicals	
Confined Spaces	
Crane	
Demolition	
Electrical	
Elevated Work Platform (EWP)	
Excavation	
Explosives	

	Yes ✓
Forestry/tree felling	
Forklift	
Hazardous substances	
Helicopter work	
Hot work	
Power nail guns	
Marine work	
Notifiable work	
Rigging and lifting	
Roof work	

	Yes ✓
Scaffolding	
Work off ladders	
Work over 2m	
Work over water	

If yes, please provide training, Standard Operating Procedures (SOP) evidence in area indicated.

10. Training, Skills, Experience and Competence (continued)

10.3 Are workers in your company trained for any of the following?

	Yes ✓		Yes ✓
Chemical handling		First Aid	
Emergency procedures		Fire extinguisher use	

If yes, please provide evidence.

10.4 Provide evidence of professional/trade qualifications relevant to services provided to STDC e.g. electrical registration, gas fitter license.

11. Performance

11.1 Have you or your company been fined or prosecuted and found guilty of an offence against NZ workplace safety legislation? Yes No
If yes, please provide details.

11.2 Has your business ever been investigated by WorkSafe for any health and safety event? Yes No
If yes, please provide details and a copy of the report.

11.3 Have any notifiable events been reported to WorkSafe concerning your business in the last two years? Yes No
If yes, please provide details and a copy of the report.

12. Insurance

12.1 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).

13. Applicant's Declaration

13.1 We have read and understood the STDC Health and Safety Questionnaire and Agreement, and agree to comply in good faith with these requirements.

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Signature

Date

Full name (print clearly)

Position

Phone

Email

OFFICE USE ONLY

Application assessed by

Signature

Date

Assessment



Satisfactory



Not yet satisfactory