

WHANGAWEHI CATCHMENT MANAGEMENT GROUP INCORPORATED

CONTRACTORS' BOOKLET HEALTH SAFETY & ENVIRONMENT (Minor Works)

*To be completed for all minor works
where Contractors are used*

Project Name: _____

Project Timeframe: _____

Project Manager: _____

**Please return completed signed documents to
the Whangawehi Catchment Management Group
Committee for filing**

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Introduction

As the 'Principal', the Whangawehi Catchment Management Group (WCMG) has important health and safety responsibilities that are not necessarily devolved when employing a contractor.

Section 18, Duties of Principals, of the Health and Safety in Employment Act 1992 focuses on taking all practical steps to ensure that contractors and subcontractors, or their employees, are not harmed while undertaking work on the contract.

Section 16, Duties of Persons with Control of Places of Work also places responsibilities on WCMG and applies where a contractor, subcontractor, or their employees, may be exposed to hazards in a workplace other than those arising from the work the contractor is engaged to do.

The Principal's duty under the Act is limited to matters, which the Principal can reasonably be expected to control.

The action the Principal will need to take will depend on some of the following considerations:

- Size and nature of the contract.
- The type of work to be undertaken.
- The contractor's knowledge of the work to be undertaken.
- The nature of hazards the contractor may undertake.
- The use of subcontractors.

What are 'Minor Contracts'?

In the main Minor contracts are characterised by:

- Being short term and lower cost.
- Being ongoing contracts that are narrowly focused and/or where the work is of a routine nature.
- Not being tendered.
- Being for work that has clearly defined hazards that are effectively covered by 'standard' control measures.

Major Contracts

Major contracts generally:

- Have significant hazards which are associated with the contract.
- Are a longer term contract.
- Are tendered and over a \$50,000 value.
- Are where a number of subcontractors may be involved.

Requirements for Contracts

Major Contracts

Will be tendered and in terms of Health and Safety, must include appropriate reference to the requirements of the Health and Safety in Employment Act. Failure to supply this information will void the tender.

'Maintenance' Contracts – Generally Minor Contracts

Jobbing contracts, usually involving recurring activities, over a period of time. May not be tendered, may be by quote or straight engagement through past service.

Contractors in this category will be required to provide information supporting their compliance with relevant health and safety requirements. WCMG documentation that needs to be signed by contractors will help with this requirement. (CMW1b)

One-off jobs/Projects – Minor Contracts

As for Maintenance contracts. (CMW1b)

CMW1a – Minor Contractor Health & Safety Selection Criteria

(This checklist is used to determine if the contractor has met the contracts health and safety weighting requirement. To be completed annually. Make an appointment with the contractor's project manager to discuss the items below):

Company Name:
Contact Person:
Contact Details:

Insurances

Insurance Type	Yes	No	Comment
Public liability insurance \$2 million			
Professional indemnity \$1 million			

Previous Post Contractor Review

Document to be Verified	Yes	No	Comment
Post contractor review document			

External Verification *(Use either of the audit types below)*

Document to be Verified	Yes	No	Comment
ACC – WSD entry			
ACC – WSMP – Primary			
ACC Partnership Programme - Primary			
HB Safety Forum or NZS 4801			
References			

Internal Verification *(Use either of the audit types below)*

Document to be Verified	Yes	No	Comment
Employees trained for tasks			
Hazard management processes and hazard registers			
Accident/incident reporting and investigation			
Emergency response processes			

Comments:

Sign Off:

Contractor's Manager: _____ **Date:** _____

Principal's Project Manager: _____ **Date:** _____

CMW1b - Contractor's Acknowledgement of Health & Safety Obligations

The Principal:	<i>Whangawehi Catchment Management Group Incorporated</i>
The Contractor:	
Description of Services:	

The Contractor acknowledges that:

1. They understand their obligations to themselves, their subcontractors (if used) and their employees under the Health and Safety in Employment Act 1992 and confirm their intention to comply at all times with those obligations while working on this contract.
2. They recognise that the Principal is responsible for advising the nature of, and methods of controlling, hazards specific to the Principal's business or work site and that the Contractor shall apply best industry practice to ensure the safety of all involved at all times.
3. Where appropriate the Principal will notify the Contractor of the emergency procedures, location of emergency equipment, any known hazards and/or no-go areas within the working area of the Contractor.
4. The Contractor shall ensure that all their subcontractors (if used) and their employees are informed of the above and that no person shall be engaged on the work site without being so informed.
5. The Contractor has a Health and Safety management system that ensures their compliance with the legislation in connection with this contract.
6. They have environmental management systems in place that avoid or mitigate any actual or potential adverse effect on the environment that may result from work carried out in connection with this contract.
7. They will advise the Principal and HBRC Pollution Hotline immediately of any environmental incidents or potential adverse effect and ensure that correct procedures are followed.
8. The Contractor agrees to make available for inspection by the Principal, any documentation related to health and safety in connection with this contract.
9. The Principal has the right to monitor the Contractor's work and carry out safety audit(s) from time to time during the process of the contract.
10. The Principal has the right to suspend work at the Contractor's expense where the Principal is not satisfied that all practicable steps are being taken to ensure the health and safety of employees and others in connection with the contract.
11. The Contractor will advise the Principal immediately of any accident on the contract work site and ensure that the correct reporting process is followed in terms of a serious harm accident.
12. The Contractor will advise the Principal immediately of any new hazard(s) created during the contract and will take all practicable steps to avoid harm being caused to any person as a result of such hazard(s).
13. Before beginning work on the contract the Contractor will carry out a systematic identification of hazards likely to be encountered and will develop controls for all those identified as being significant hazards.
14. Where not on site themselves, the Contractor nominates _____ as their onsite agent.

Contractor: _____ **For Principal:** _____

Name (Please Print): _____ **Name (Please Print):** _____

Date: ____/____/____ **Date:** ____/____/____

Revised October 2010

CMW2 - Contractor Induction Details

(Where there is an ongoing contractual relationship, this induction form is to be completed annually. Make an appointment with the contractor's Project Manager to discuss the items below):

Name: _____

Contract Details: _____

Timeframe: _____

Contact Details

	Name	Phone/Cell	Fax	Email
Principal				
Contractor				
Project Manager				
Site Safety Supervisor				
Sub Contractor				

Discussion Checklist

Items to be Discussed	Date	Yes	No	N/A
Contract agreed and signed				
Public liability insurance				
Hazard management process				
Hazard Control Plans/Code of Practice				
Notifiable hazardous works				
Site/Project Safety Plan/Hazard Register				
Environmental Management Systems				
Accident/incident reporting process				
Emergency response process				
Staff trained to carry out works				
Tasks Safety Analysis/Training				
Safety equipment calibrated/certified				
Personal protective equipment				
Impact on utilities – eg, power, pipework				
Traffic Management Plan				
Protection of public				
Usage of sub-contractors				
New staff induction/Training				
Site inspection				

Comments:

Sign Off:

Principal's Project Manager: _____ **Date:** ____/____/____

Contractor's Project Manager: _____ **Date:** ____/____/____

CMW2a - Principal's Code of Practice Register

Appropriate Principal's COP's to be used for this contract - if any:

Project: _____ **Date:** _____

CODES OF PRACTICE				
Tick Relevant COP No(s)	COP No	Hazard Control Plan/Code of Practice	Received and Acknowledged	Date
	0	GENERAL FIELDWORKER OPERATIONS		
	1	SCRUBBAR OPERATIONS		
	2	CHAINSAW OPERATIONS		
	3	SMALL BOAT OPERATIONS		
	4	WATERWEED CUTTING OPERATIONS		
	5	4WD DRIVING OPERATIONS		
	6	PILE DRIVING AND POST RAMMING		
	7	OPERATION OF FORKLIFT		
	8	CONTAINMENT OF HAZARDOUS SPILLS		
	9	WORKING ON THE ROAD		
	10	BURNING RUBBISH PILES		
	11	NIGHTSHOOTING AND FIREARM USE		
✓	12	USE OF MOTORCYCLES/ATVS		
	13	USE OF LONGREACH MOWERS		
	14	USE OF POISONS		
	15	USE OF CARROT CUTTER		
	16	WORKING WITH AIRCRAFT		
	17	SCUBA AND SNOKELE OPERATIONS		
	18	WORKING AROUND UTILITIES		
	19	WORKING WITH TRACTORS		
	20	PUMP STATION OPERATIONS		
	21	WORKING IN CONFINED SPACES		
	22	WORKING IN FORESTS		
	23	WORKING IN/AROUND FLOOR PIT		
	24	WORKING WITH VEHICLE HOIST		
	25	DISTANT WORK SAFETY POLICY		
	26	VISITORS		
	27	EMERGENCY EVENTS		
✓	28	DISCOVERY OF DRUG CROPS		
	29	ELECTRICAL SAFETY		
	30	WORKING AT HEIGHTS (GAUGING)		
	31	WORKING AT HEIGHTS (LADDERS)		
	32	MOTOR VEHICLE USE		
	33	ELECTRIC FISHING		
	34	FLOOD EMERGENCY WORK		
	35	SUSPICION OF CRIMINAL ACTIVITIES		
	36	POISONOUS PLANTS		
	37	EXCAVATOR POLE PLANTING		

Contd...

CODES OF PRACTICE Contd...

Tick Relevant COP No(s)	COP No	Hazard Control Plan/Code of Practice	Received and Acknowledged	Date
	38	EXCAVATOR LOPPING		
✓	39	SAMPLING		
	40	BAIT MIXER		
	41	CARROT SCREENER		
	42	AGGRESSIVE DOGS		
	43	PIPE AND GABION CONSTRUCTION		
	44	DAVIDSON BAIT FEEDER		
	45	HANDLING, STORING AND TRANSPORTING HAZARDOUS SUBSTANCES		
✓	46	LOADING ATVS/MOTOR BIKES ONTO UTES/TRAILERS		
	47	EFFLUENT POND INSPECTIONS		
	48	WORKING IN AND AROUND PUMP SHEDS DURING COMPLIANCE AND INCIDENT RESPONSE VISITS		
✓	49	ENTERING PRIVATE PROPERTY		
✓	50	RECREATIONAL WATER QUALITY MONITORING		

Contractors Health and Safety Booklet (Minor Works)

CMW3 - Project Monitoring Sheet

(This document is for the Principal's use when monitoring the performance of the Contractor. It is a record of Health & Safety and general issues discussed between contractor/principle for the project year. Should be at least two entries per six months and at least one entry for shorter contracts):

Date	Attendees	Meeting Discussion Record: Suggested topics to discuss: Update on hazards, warning signs displayed, work area cordoned off as appropriate, activities for day, incident/accidents, supervisor, sub-contractors, hazardous substances, corrective actions identified by principal's representative, informing principal's representative when on/leaving site and results from workplace inspections	Corrective Action required	Review Date

CMW4 - H&S Incident/Accident Report Form

(This form is to be used to report any/all Health & Safety issues – eg, accidents, incidents, hazards, improvement ideas, near misses etc – a copy must be provided to the Principal):

The employee completes the first two sections of this form. The Manager/First Aider only completes this form if the employee is too injured/unwell to do so themselves. Fill in the reserves side for injuries only.					
Name:		Date of Incident:		Time of Incident:	
Plant/Equipment Description:					
Hours worked before incident occurred:					
Incident Location:					
Period of Employment: <input type="checkbox"/> Non-Employee <input type="checkbox"/> 1 st mth <input type="checkbox"/> 1-6 mths <input type="checkbox"/> 6 mths – 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> over 5 yrs					

[illegible]

Employee's Signature: _____ **Date:** _____

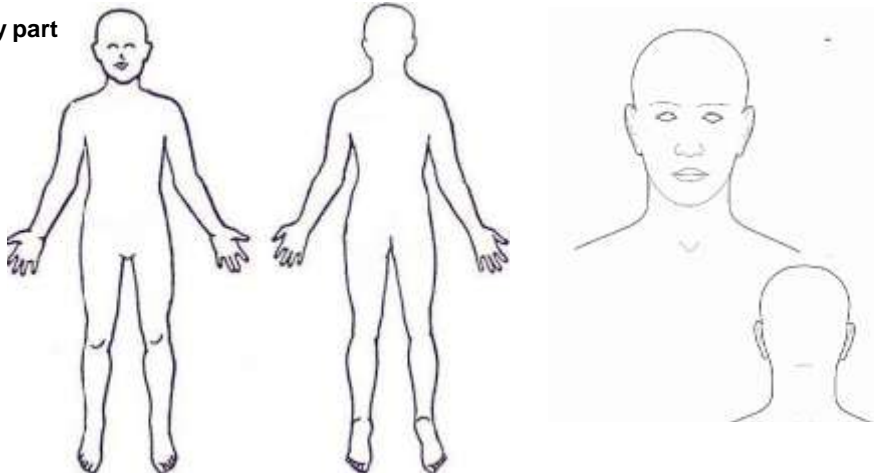
Corrective Action Plan (Completed by Team Leader/Manager)	
Corrective Action to be taken:	
Responsibility:	Completed by Date:
Corrective Action to be taken:	
Responsibility:	Completed by Date:

Full Investigation Required: Yes ☐ No ☐

Project Manager's Signature: _____ **Date:** _____

CMW4 Cont'd...

Injury Details Only

Accident type/mechanism:		
<input type="checkbox"/> Fall, from elevation	<input type="checkbox"/> Struck against object	<input type="checkbox"/> Chemicals/substance
<input type="checkbox"/> Fall, same level	<input type="checkbox"/> Struck by object	<input type="checkbox"/> Electricity
<input type="checkbox"/> Slip or trip (no fall)	<input type="checkbox"/> Caught in, under, between	<input type="checkbox"/> Temperature extremes
<input type="checkbox"/> Overexertion	<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Noise/sound/pressure
<input type="checkbox"/> Radiation or energy	<input type="checkbox"/> Insect bite/sting	<input type="checkbox"/> Glass
Agency of accident:		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Machinery (fixed plant)		<input type="checkbox"/> Chemicals or chemical product
<input type="checkbox"/> Mobile plant or transport		<input type="checkbox"/> Materials or substance
<input type="checkbox"/> Powered equipment or tool		<input type="checkbox"/> Environmental agency (dust or gas)
<input type="checkbox"/> Non powered equipment or tool		<input type="checkbox"/> Animal, human or biological agency
<input type="checkbox"/> Bacterial or virus		
Accident type/mechanism:		
<input type="checkbox"/> Fracture of spine	<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Other fracture
<input type="checkbox"/> Poisoning or toxic effects	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Multiple injuries
<input type="checkbox"/> Sprain or strain	<input type="checkbox"/> Head injury	<input type="checkbox"/> Internal injury of trunk
<input type="checkbox"/> Amputation, including eye	<input type="checkbox"/> Open wound	<input type="checkbox"/> Superficial injury
<input type="checkbox"/> Bruising or crushing	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Burns
<input type="checkbox"/> Tumor (malignant or benign)	<input type="checkbox"/> Nerves or spinal cord	<input type="checkbox"/> Mental disorder
<input type="checkbox"/> Damage to artificial aid	<input type="checkbox"/> Disease, nervous system	<input type="checkbox"/> Disease, skin
<input type="checkbox"/> Disease, digestive system	<input type="checkbox"/> Disease, respiratory system	<input type="checkbox"/> Disease, circulatory system
<input type="checkbox"/> Disease, musculoskeletal system	<input type="checkbox"/> Disease, infectious or parasitic	
Indicate body part affected: 		
Describe what treatment was given on site and any other details relating to the specific injury:		
Name of First Aider:		
Treatment given:		

HBRC Only			
Severity of injury/illness		<input type="checkbox"/> Work related	<input type="checkbox"/> Non work related
<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Lost time/restricted	<input type="checkbox"/> Serious harm
Review item			Yes/No
Project Manager notified <i>Signed:</i> _____ <i>Date:</i> _____			
Hazard Register updated			
Training organised			
Process or procedure amended			
Corrective action completed and discussed with employee and Team Leader/Manager			
Environmental Incident: <input type="checkbox"/> Near Miss <input type="checkbox"/> Minor Spill/Release <input type="checkbox"/> Remediation Work Required <input type="checkbox"/> Serious Effect <input type="checkbox"/> Major Effect			

H&S Officer's Signature: _____ **Date:** _____

CMW5 - Health and Safety Post Contract Evaluation

Contractor's Name	
Period of Contract	
Nature of Contract	
Attendees	

Item	Criteria	Acceptable	Requires Attention	Comment
Incident and Accident reporting and recording including environmental incidents	<p>Were there any incidents/accidents involving the Contractor during the contract period?</p> <ul style="list-style-type: none"> If yes, was the incident/accident reported to the Principal within the required timeframe? Were the outcomes of the investigation shared with the Principal as appropriate? 			
Hazard Identification	<p>Did the contractor participate in hazard management including reporting hazards to the Principal as appropriate, including hazards they might bring to the site?</p>			
Health and Safety Processes	<ul style="list-style-type: none"> Were the company processes available for inspection on site including the relevant registers – for example, hazard, injury and training? Did the Contractor complete the required Daily Project Report? 			
Personal Protective Equipment (PPE)	<p>Were the Contractors' employees observed wearing the required PPE on the work site?</p>			
Safety Equipment	<p>Was the safety equipment on site regularly checked and certified as appropriate?</p>			
Restricted work areas identified	<p>Was the required signage, chains, fencing or tape used to isolate the contract work as appropriate?</p>			
Worksite inspections	<ul style="list-style-type: none"> Did the Principal carry out "formal worksite inspections"? Did the Contractor complete the corrective actions within the required timeframe? Were the same issues being raised with the Contractor? 			
Feedback	<p>Any Health and Safety comments from other Principal project managers or employees?</p>			
Recommendation	<p>Are there any suggested improvements for the Contractor?</p>			

Any concerns about using this Contractor in the future? _____

General Comments/Outcomes: _____

CMW5a - Contractor Performance Review (as required for specific contracts)

Contract	
Contract Number	
Contractor	
Contract Duration	

ITEM	PASS	COMMENT
Performance		
Health and Safety		
Cert Practical Completion		
Defects Liability Cert		

Other Comments:
