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| Contractor/Supplier Application  \*\*If you have already completed this application successfully, please only complete the  Covid-19 section and submit\*\* | | | |
| Business Information | | | |
| Trading Name: | | | |
| Postal Address: | | | |
| Trade: | | | |
| Contact Person: | | | |
| Mobile: | | | Email: |
| **Health and Safety Management** | | | |
| Person in charge of Health and Safety: | | | |
| Mobile: |  | | Email: |
| *Please provide a signed and dated copy of your Health and Safety Policy* | | | |
| **Insurance** | | | |
| What value of Public Liability Insurance do you carry? | | |  |
| *Please provide a copy of your Certificate of Currency (from your insurer)* | | | |
| **Incident/Injury/Illness** | | | |
| *Please provide a copy of an Incident Form that you use* | | | |
| Have you had a “Notifiable Events” within the past 12 months that was notified to WorkSafe? | | | Yes  No |
| *If yes, please provide details* | |  | |
| **Hazard/Risk Management** | | | |
| *Do you use hazardous substances, if yes – what are they?* | |  | |
| *Where are your Safety Data Sheets located?* | |  | |
| *Please provide a copy of your Hazard/Risk Register relevant to the work you conduct* | | | |
| Do you identify all hazards and controls that are required before commencing work? | | | Yes  No |
| *If yes…where do you record these* | |  | |
| What PPE are your staff and contractors required to wear. *Please state …* | |  | |

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| **Emergency Procedures** | | |
| What will your staff do in the event of an incident |  | |
| Will your staff have a First Aid Kit and Fire Extinguisher onsite? | | Yes  No |
| **Employees / Workers** | | |
| Do any of your workers have any medical issues that we should be aware of?  Yes  No | | |
| *If yes…* Please provide names and detail (*ie Jack Jones - allergy to bee stings – carries an epipen*) | | |
| **Training** | | |
| Are your Workers qualified or been trained for the work they will undertake | | Yes  No |
| *If yes, please describe what training they have received.* |  | |
| **Covid-19** | | |
| Workers who will be present on our site must be double vaccinated | | *Please provide confirmation that workers who will enter our site will be fully vaccinated*  *(Note. In addition, My Vaccine Pass QR code checks will be conducted prior to anyone entering our site via NZ Pass Verifier)* |
| What contact tracing methods do you have in place for workers and customers? | |  |
| What changes have you made to your usual operations to protect your workers and customers by reducing the potential spread of COVID-19? | |  |
| What cleaning processes do you have in place to prevent the spread of COVID-19? | |  |
| How are you ensuring that social distancing is possible during your operations? | |  |
| What personal hygiene steps have you put in place for workers and customers to reduce the likelihood of virus spread? | |  |

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| What existing, or additional personal protective equipment have you introduced that would reduce the likelihood of virus spread? |  |

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| What arrangements have you put in place for workers to report any COVID-19 symptoms, exposure events or infection? |  |
| What arrangement have you put in place for staff to report any suspected exposure to COVID-19? |  |
| What actions would you take should a staff member be suspected of or confirmed as having COVID-19? |  |

Contractor/Supplier Declaration

In signing this application, we confirm that:

* We are aware of our obligations and responsibilities and will comply with the Health and Safety at Work Act 2015 and its subsequent additions and amendments, all industry Codes of Practice and Regulations, and will hold the relevant certification and permits for the work to be carried out.
* We will provide our Workers with the appropriate personal protection equipment and ensure that they will be fully trained and competent to use the machinery, equipment, tools and substances necessary to carry out the work that this application covers.
* Our Workers shall agree to attend all site inductions and be bound by any site-specific rules including:
  + COVID-19 procedures and protocols
  + My Vaccine Pass QR code checks (using NZ Pass Verifier)
  + reporting any incident/injury/illness, and
  + reporting any potential hazard that has been identified during the course of our business, and
  + attending any drug and alcohol screening test in accordance with the client’s health and safety policy
* We will ensure that any Subcontractors we may use will adhere to these requirements.
* We will seek approval from the client or site management for disposing of any waste onsite arising from the contract.

Authorised Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_