



Tauawhi Charitable Trust

Contractor Health and Safety

Contractor Name (or company name)	
Contracted to MST (name)	
Authorised Person	

The following questionnaire is required to be completed in order to assist with the management and co-ordination of health and safety at all sites where services are provided by Male Survivors Tairāwhiti (MST) In accordance with MST Policies.

Requirement	Y	N	N/A
1. Do you or your company have a Health and Safety Policy or system for managing H&S? <i>If yes, please attach to this questionnaire and continue to question 2. If no, please request an MST safety induction and complete the attached acknowledgement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a procedure for identifying, controlling and monitoring hazards? <i>If so, please attach evidence i.e. A Hazard Register for your premises.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a part regular safety meetings and communication about safety matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ensure all yourself and all workers have the required relevant qualifications, training and supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you or any workers (if applicable) have easily accessible channels for reporting hazards, risk, near miss, accidents and incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have emergency procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you or your workers trained in First Aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all accidents and incidents investigated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have all notifiable incidents been reported to Worksafe NZ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you, or your company hold: <i>(please tick, and attach the copy of the certificates)</i>			
• Public Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Motor Vehicle Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contractor all Risk Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professional Indemnity Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other: <i>(Please specify)</i> _____	<input type="checkbox"/>		
13. Have you or your company ever been investigated or prosecuted by Worksafe NZ? <i>If yes, please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any further information or notes as required to accompany the attachments:

Contractor Health and Safety Acknowledgement

Contractor Name (or company name)

Service to be provided by the contractor

Address of the contractor's usual work premises

The undersigned is the authorised representative of the abovenamed contractor/company and hereby understands and acknowledges that:

1. You understand your obligations to yourself, and your workers under the Health and Safety at Work Act 2015 and other relevant industry legislation, and confirm their intention to comply at all times while working on this contract.
2. You have read and understood the MST Governance and Health and Safety Policies and have been provided with access to these policies via the website.
3. You agree to adhere to all the requirements, rules and procedures of the client that has engaged the services of this PCBU.
4. You recognise that this PCBU carrying the "primary duty of care" – can be responsible for only advising the nature of, and methods of controlling, hazards specific to the business or work site and that the sub-contractor shall apply best industry practice to ensure the safety of all involved at all times.
5. You have been advised of the emergency procedures, location of emergency equipment, location and use of safety equipment, basic safety rules, hazards and hazard controls, go and no-go areas and access and authorisation requirements relevant to the service being performed.
6. The sub-contractor confirms that all their workers (if applicable) are informed of the same and that no person shall be permitted to work on the contract without being so informed.
7. The sub-contractor has a health and safety management system in place, which ensures their compliance with the Health and Safety at Work Act 2015 in connection with any work.
8. You agree to make available for inspection on demand by MST any documentation related to health and safety in connection with this contract.
9. MST has the right to monitor the workers activities and carry out a safety audit from time to time during the progression of the contract.
10. MST has the right to suspend work at a contractor's expense where the PCBU is not satisfied that all that is reasonably practicable has been done to ensure the health and safety of workers and others in connection with the contract.
11. The sub-contractor will advise MST immediately of any accidents, or incidents inclusive of any "Notifiable Injuries, Illnesses, Events or Incidents", and meet the requirements of the Health and Safety at Work Act 2015 in reporting any notifiable accidents to the regulator (Worksafe NZ)
12. The sub-contractor will engage in regular communication with MST regarding risk levels and hazards identified during the contract and will take all practical steps to avoid harm being caused to any person by monitoring how work is conducted on-site.
13. Before beginning work on the contract, the sub-contractor will carry out a systematic audit of work being performed and minimising risk to hazards likely to be encountered.

Signed by Sub-Contractor: _____

Name: _____ Date: _____