**D351**

**Maxicom Prequalification Questionnaire - Contractor page 1 of 6**

**Introduction**

**In order that Maxicom (2013) Limited (Your contractor.) meets our ‘duties’ under the Health and Safety at Work Act 2015, and the Regulations/legislation, the following contractors prequalification questionnaire has been completed by Maxicom (2013) Limited. Maxicom is often approached by our customers to provide evidence of our health and safety system. As these requests are received daily and are always in different formats we have prepared a standard response which is detailed below.**

If you have any questions please contact the Maxicom Health and Safety officer, Shaun Sutherland, on 0800567567 and select option 1. We look forward to providing our services to your business.

|  |  |
| --- | --- |
| **1. Contractor Details** | |
| **Organisation’s legal name: Maxicom (2013) Limited** | |
| **Trading name: Maxicom** | |
| **Main Occupation/Activity: Supply, installation and maintenance of telecommunication equipment and services.** | |
| **Physical address:**  316 Kamo Road  Kamo  Whangarei | |
| **Postal address:**  P O Box 10130 Te Mai  Whangarei | |
| **Main phone: 0800567567** | **Website: www.maxicom.co.nz** |
|  |  |
| **Owner’s name: Shaun Sutherland** | **Email address: shaun.sutherland@maxicom.co.nz** |
| **Phone: 0800567567** |  |
| **Contract start date: N/A** | **Contract finish date: N/A** |
| **Contract number: N/A** | **Contract location: N/A** |
| **2. Most Senior Health and Safety person** | |
| **Full Name: Shaun Sutherland** | **Email address: shaun.sutherland@maxicom.co.nz** |
| **Position held: PCBU** |  |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Type of Works/Services to be undertaken** (select all that apply) | | | |
| 🞏 Construction | 🞏 Civil | 🞏 Roading | 🞏 Demolition |
| 🞏 Traffic management | 🞏 Height work | 🞏 Scaffolding | 🞏 Confined spaces |
| 🞏 Trenching | 🞏 Craneage | 🞏 Hazardous Substances | 🞏 Asbestos |
| 🞏 Engineering | 🞏 Maintenance | 🞏 Plant | 🞏 Cleaning/Waste |
| 🞏 Electrical | 🞏 Plumbing | 🞏 Arboriculture | 🞏 Horticulture |

**D351**

**Prequalification Questionnaire - Contractor page 2 of 6**

|  |  |
| --- | --- |
| **4. Significant Hazards/Risks for Works/Services to be undertake** | |
| **Below are the top 3 Significant Hazards/Risks that our employees/contractors will be exposed to while completing the previously mentioned Works/Services, and how we will control/manage them.** | |
| **Hazard/Risk** | **Control method** |
| 1. Electrical shock. | All leads we have on our tools are tagged and tested. An inspection for general condition is done before each use.  Our engineers are all properly trained in the use of such equipment and have years of industry experience. All leads are fitted with residual current devices. |
| 1. Fall hazard. | Ladders are tested and inspected regularly. No work is completed above 2m without fall prevention methods put in place. If work is required above 2m then we will attempt to isolate the hazard by using guard railing, edge protection or elevated work platforms. We will also attempt to minimise the risk by using a variety of methods including but not limited to fall arrest systems, fall restraint systems, safety nets etc. |
| 1. Trip hazard | Whenever we are working in a public area we will erect men at work signs or equivalent. We will endeavour as much as practical to ensure that extension leads and equipment are not left in such a way y as they could present a tripping hazard. |
| **5. Previous Experience** | |
| **Below is a brief summary of similar Works/Services that we have completed in the last 3-years:**  **Maxicom has worked on thousands of sites over the last few years and have a zero accident rate. Our engineers all hold site safe passports and attend regular safety training. We have a robust health and safety system in place and a safety analysis is completed before every job no matter how small the job. This safety analysis is built into our service control system and must be completed before work can start. For more major work a site specific safety plan, task analysis or safe work method statement is completed. This paperwork is available to you our valued client on request.** | |
| **6. References** | |
| **Below is a list of referees that we have provided similar Works/Services to.** | |
| Organisation name: Northcloud  Contact person: Paul Remnant  Contact phone number: 09- 4700100 | |
| Organisation name: Northcom  Contact person: Neville Nash  Contact phone number: 09-9727085 | |
| Organisation name: Dargaville Medical Centre  Contact person: Judy Harris  Contact phone number: 09-4398079 | |

**D351**

**Prequalification Questionnaire - Contractor page 3 of 6**

|  |  |  |  |
| --- | --- | --- | --- |
| **7. Key Personnel** | | | |
| **Please provide details of key personnel for the Works/Services to be undertake.** | | | |
| Name: Casper Brouwer | Email address: casper.brouwer@maxicom.co.nz | | |
| Position held: Service manager | Phone: 0800567567 | | |
| Experience/Qualifications: Over 40 years’ industry experience and formal trade qualifications. | | | |
| Name: Henry Ebing | Email address: henry.ebing@maxicom.co.nz | | |
| Position held: Engineer | Phone: 0800567567 | | |
| Experience/Qualifications: Over 30 years’ industry experience and formal trade qualifications. | | | |
| Name: Aris Doloricon | Email address: aris.doloricon@maxicom.co.nz | | |
| Position held: Engineer | Phone: 0800567567 | | |
| Experience/Qualifications: | | | |
| Name: Shaun Sutherland | Email address: shaun.sutherland@maxicom.co.nz | | |
| Position held: PCBU | Phone: 0800567567 | | |
| Experience/Qualifications: Years of experience in business to business sales and account management. | | | |
| **8. Insurances** | | **Answer** | **Evidence provided** |
| **Maxicom’s insurance details.** | | - | - |
| Public Liability | | Yes | Yes |
| Professional indemnity | | Yes | Yes |
| Contract Works and General | | Yes | Yes |
| Material Damage | | Yes | Yes |
| Plant and equipment | | Yes | Yes |
| Motor Vehicle liability | | Yes | Yes |
| Other | |  |  |
| **9. Safety Accreditation** | | **Answer** | **Evidence provided** |
| **Maxicom’s safety accreditation.** | | - | - |
| ACC Partnership Programme. | | No | N/A |
| ACC Workplace Safety Management Practices Programme (WSMP)  🞏 Primary 🞏 Secondary 🞏 Tertiary | | No | N/A |
| ACC Workplace Safety Discount (WSD Programme) This is being discontinued as of 2017. | | No | N/A |
| ACC Experience Rating | | N/A | N/A |
| ACC No Claims Bonus | | N/A | N/A |
| Other | |  |  |

**D351**

**Prequalification Questionnaire - Contractor page 4 of 6**

|  |  |  |
| --- | --- | --- |
| **10. Associations/Memberships** | **Answer** | **Evidence provided** |
| **Maxicom’s associations and memberships** | - | - |
| SiteSafe | Yes | Yes |
| ECANZ | No | N/A |
| FPA | No | N/A |
| SARNZ | No | N/A |
| NZOHS | Yes | Yes |
| **11. Safety Performance** | **Answer** | **Evidence provided** |
| **Maxicom maintains Safety records for the following:** | - | - |
| 1. Fatalities | Yes | Yes |
| 2. Injuries (serious harm) | Yes | Yes |
| 3. Incidents (near misses) | Yes | Yes |
| 4. Environmental incidents | Yes | Yes |
| 5. Total number of Work Days Lost (due to Accidents/Injuries) | Yes | Yes |
| **Maxicom’s Safety statistics for the last 3-years:** | - | - |
| 1. Total number of Fatalities | 0 | Yes |
| 2. Total number of Injuries (serious harm) | 0 | Yes |
| 3. Total number of Incidents (near misses) | 0 | Yes |
| 4. Total number of Environmental incidents | 0 | Yes |
| 5. Total number of Work Days Lost (due to Accidents/Injuries) | 0 | Yes |
| **12. Enforcement Action by WorkSafe/DoL/OSH** | **Answer** | **Evidence provided** |
| **Has Maxicom ever received any of the following:** | - | - |
| 1. Written warnings | No | N/A |
| 2. Improvement notices | No | N/A |
| 3. Prohibition notices | No | N/A |
| 4. Certificates of competence revoked | No | N/A |
| 5. Prosecutions | No | N/A |
| **What are Maxicom’s Enforcement Action statistics for the last 3-years:** | - | - |
| 1. Total number of Written warnings | 0 | N/A |
| 2. Total number of Improvement notices | 0 | N/A |
| 3. Total number of Prohibition notices | 0 | N/A |
| 4. Total number of Certificates of competence revoked | 0 | N/A |
| 5. Total number of Prosecutions | 0 | N/A |
| What was the outcomes of the Prosecution(s)?  There have been no prosecutions or investigations. | | |

**D351**

**Prequalification Questionnaire - Contractor page 5 of 6**

|  |  |
| --- | --- |
| **13. Health and Safety Management** | **Evidence provided** |
| **In relation to the Works/Services to be undertake, following is documented evidence of the following:** | |
| Occupational Health and Safety (OHS) Management System | Yes |
| Health and Safety Policy, signed by the MD and all staff | Yes |
| Drug and Alcohol Policy | Yes |
| Appointed Health & Safety Representative(s) | Yes |
| Site Specific Safety Plans (SSSP) or Safe Work Method Statements (SWMS) | Yes |
| Hazard Register (site specific) | Yes |
| Hazard Reporting procedure | Yes |
| Plant and Equipment Register | Yes |
| Plant and Equipment Maintenance Register/Records | Yes |
| Hazardous Substances Register | Yes |
| Safety Data Sheets (or MSDS) | Yes |
| Safe Operating Procedures (SOP or SWP) | Yes |
| Lock out / tag out procedure | N/A |
| Permit to Work procedure | Yes |
| First Aid Equipment Register | Yes |
| Fire Fighting Equipment Register | Yes |
| Personal Protective Equipment Register | Yes |
| Electrical and Gas Equipment Register | Yes |
| Working from Heights Register | Yes |
| Emergency Procedures (site specific) | Yes |
| Accident/Incident Register | Yes |
| Accident/Incident reporting procedure | Yes |
| Accident reporting and investigation forms | Yes |
| Accident/Incident Investigators | Yes |
| Visitor Management (induction and register) | Yes |
| Health and Safety Committee (members and minutes) | Yes |
| Team (toolbox) Safety Meeting minutes | Yes |

**D351**

**Prequalification Questionnaire - Contractor page 6 of 6**

|  |  |
| --- | --- |
| **14. Comments/notes/other information** | |
| At Maxicom we are committed to our Health and Safety program. When you deal with us you can rest assured that we have a formal Health And Safety program in place that complies with all legislative requirements.  More information can be found at http://maxicom.co.nz/health-and-safety/ | |
| **15. Declaration** | |
| **I, Shaun Sutherland in my position as Maxicom’s Health and safety officer and the PCBU, am authorised to provide this information and to sign this questionnaire form.** | |
| **I declare that the information provided in this questionnaire form is a true and accurate description of the Occupational Health and Safety (OSH) Management System that is to be used while providing the aforementioned Works/Services to your business or organisation.** | |
| **I declare that all the answers to all the questions in this questionnaire form to be true and correct.** | |
| Name: Shaun Sutherland | Date: 16/02/24 |
| Position held: PCBU | Signature: Shaun Sutherland |

**For your office use only**

|  |  |  |
| --- | --- | --- |
| Maxicom’s answers and documentation are:  🞏 Satisfactory 🞏 Unsatisfactory | Engagement is:  🞏 Recommended 🞏 Not recommended | |
| Notes/comments/recommendations: | | |
| Evaluated by: | | Date: |
| Position held: | | Signature: |