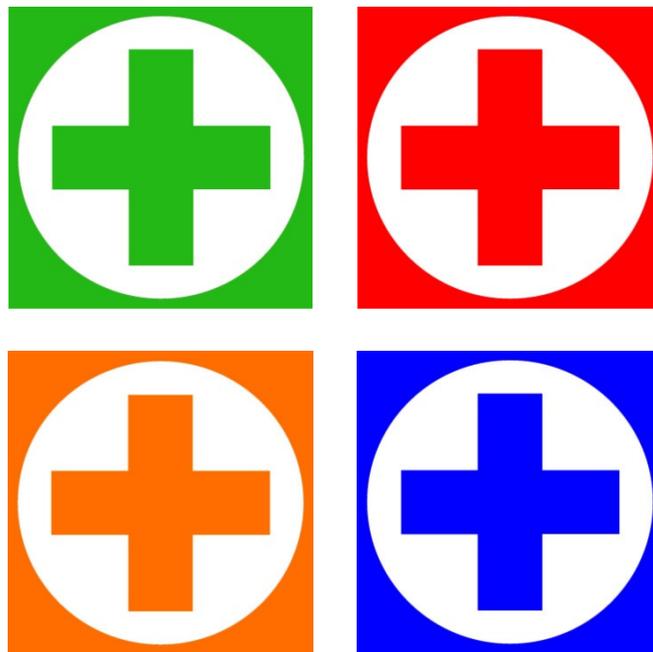


Please note take:

This Site Specific Safety Plan (SSSP)
is currently being updated to comply with the
Health and Safety at Work Act 2015 (HSWA)

Site Specific Safety Plan (SSSP)

Name of Company



Principal	Maxicom (2013) Limited
Client	
Main Contractor	
Sub-contractor	
Other	
Project / Site	
Contacted works	
Start date	

Site Specific Safety Plan (SSSP) - Table of Contents

Form #	Description	Page
-	Site Specific Safety Plan (SSSP) Explanatory Notes	4
1	Site Specific Safety Plan Checklist	6
2	Notification of Particular Hazardous Work	8
3	Work Site Hazard Register	10
4	Hazardous Substance/Dangerous Goods Register	13
5	Safe Work Method Statement (SWMS)	13
5a	Safe Work Method Statement Sign-off	16
6	Toolbox Safety Meeting Minutes	18
7	Pre-start Site Assessment	19
8	Self-Safety Inspection Checklist	21
9	Emergency Plan and Procedures for Hazardous Work	19
9a	Emergency Evacuation Plan	23
10	Accident/Incident Register	25
11	Notice or Record of Accident/Serious Harm	26
12	Accident and Incident Investigation Report	27
13	Training and Competency Register	29
14	Site Induction Register	30
15	Safety Activity Monitoring Register Wall Chart	33
15a	Wall Chart Senior Manager Review Sign-off	31
16	Site Specific Safety Plan Evaluation	33
-	Definitions of Terms	35
-	Work Site Contacts List	36

Source: This document is based on Site Safe's - Site Specific Safety Plan (SSSP).

This document must be maintained and reviewed throughout the duration of this project.

The Site Specific Safety Plan Checklist (form 1) contains Yes or No check boxes.

Where there is a Yes/No option, a response must be given.

Tick the Actioned box when the Sub-contractor has completed the required action.

All items must be responded to in order to sign off the Site Specific Safety Plan (SSSP).

Once the SSSP is signed off, site access can be granted to the Sub-contractor.

1. Workplace Control and Health and Safety Management (Safety Activity Monitoring Register Wall Chart – form 15)

The person who is designated to act on behalf of your business for safety on site may be a dedicated safety representative, your supervisor, or one of your employees. This person must actively promote safety in the Workplace and ensure appropriate safe work practices for on-site personnel, log activities on the Safety Activity Monitoring Register and complete all inspections scheduled on the Safety Activity Monitoring Register.

Persons in control of the workplace. The Sub-contractor must identify the person who has control of the Workplace and confirm this on form 1 of this SSSP. This will often be the project's principal, but if the work is being done directly for a client on their premises, then the employer in control of the site may be the client or building owner. The people in control of the Workplace, and their site representative, have the overall responsibility for health and safety management for the site, which will include managing most of the items in the SSSP Checklist and co-ordination of all trades' health and safety.

2. Notifiable Works (WorkSafe NZ - Notification of Particular Hazardous Construction Work - form 2; Safe Work Method Statement (SWMS) - form 5)

Where Notifiable Work (as defined in sections 2 and 26 of the Health and Safety in Employment Regulations 1995) is to be carried out by your business, you must notify WorkSafe NZ in writing at least 24 hours before starting such work. Site management will require confirmation that you have done this. You must provide a copy of the Notification and a Safe Work Method Statement (SWMS) for their records. If you are carrying out Notifiable Work, then you must have a full-time **On-site Safety Representative** and he/she must be the holder of the Site Safe Advanced Passport, the Supervisor Gold Card or the BCITO National Certificate in Construction Health and Safety and Injury Prevention.

3. Hazard Management (Task Analysis Worksheet – form 5; Hazard Register – form 3; Hazardous Substance/Dangerous Goods Register – form 4)

All Hazards to be brought onto the site or created during the course of the work must be identified and controlled. The standard Safe Work Method Statement (SWMS) may be used to analyse the various tasks within your trade work, identify the significant safety hazards and detail the method of control. These sheets must be attached and forwarded with your SSSP.

A Hazardous Substance/Dangerous Goods Register must be maintained with the appropriate Safety Data Sheets (SDS or MSDS) attached. If specific emergency processes need to be set up, this will be addressed on the Safe Work Method Statement (SWMS) and in an attached Emergency Plan (form 9) to be incorporated into the project emergency planning and evacuation processes.

4. Communication/Employee Participation (Toolbox Safety Meeting Minutes – form 6)

On-site safety requirements must be communicated to all site personnel. This will include the notification of hazards brought onto the site or created during the course of the work. Do this by posting hazards on the main site Hazard board, or advising staff during regular safety meetings. The aim is to ensure that all workers on site are aware of the Hazards as they arise and are advised when they no longer exist. If English is the second language of any of your employees, then you must maintain a liaison person on site who can effectively communicate between them and the site management team.

5. **Emergencies** (*Emergency Plan – form 9; Emergency Evacuation Plan – form 9a*)

In the event of a site evacuation, the Emergency Evacuation Alarm will be sounded and your employees must promptly evacuate the site. The site management team will notify you of your assembly point at the time of your induction onto the site.

Some emergencies that you may need to prepare for, and have a procedure to deal with, include spillage of hazardous substances, serious harm accidents to your staff, and rescue of a fall arrest victim. Each potential emergency you identify under your hazard management process in section 3 of form 1 must have an emergency plan and procedure prepared and included with the hazard management information submitted so that any effect it may have on the Emergency Evacuation Plan can be identified and rectified.

You must have a person on site trained in First Aid, with a current valid certificate, in case of an injury or accident.

6. **Accident/Incident Reporting** (*Accident/Incident Register – form 10; Notice or Record of Accident/Serious Harm – form 11; Accident and Incident Investigation Report – form 12*)

All accidents and incidents must be reported immediately to site management. Accident and Incident Investigation Reports are to be given to site management as soon as is practicable. You must also report serious harm accidents directly to WorkSafe NZ (phone 0800 030 040). In the case of serious harm accidents, the scene must not be disturbed until a full and complete accident investigation has been undertaken.

7. **Safety Inspections and Safety Reviews** (*Self Safety Inspection Checklist – form 8; Pre-start Site Assessment – form 7; Safety Activity Monitoring Register Wall Chart – form 15*)

You are required to carry out regular, documented safety inspections of your own work areas while on site, at the intervals scheduled in the Safety Activity Monitoring Register Wall Chart. Copies of the Accident and Incident Investigation Report must be given to site management for discussion at safety meetings. Any recommended/completed corrective action will be advised at these meetings.

8. **Training/Induction** (*Training and Competency Register – form 13*)

All persons starting work on this site must go through a formal induction process. During this process, safety rules and various site specific issues will be discussed.

To work on a site you must have a current site access card such as the Site Safe Passport, Advanced Passport or Supervisor Gold Card. Please supply a list of all your employees working on this site, along with their access card numbers and expiry dates at the time of the induction. All employees will be expected to show their Site Safe access cards at induction.

You will need to provide and maintain evidence of your employees' skills training, e.g. trade qualifications, certificate of competency, etc.

9. **Sign-off/Approval**

Before any work commences on site, the Sub-contractor will sign off their SSSP and submit it with all attachments to the principal/site management for approval.

The principal/site management will review the plan using the Site Specific Safety Plan Evaluation (form 16) and return it to the Sub-contractor if not complete, or request a meeting with the subcontractor to review and action any deficiencies.

Once all the evaluation checks have been satisfactorily agreed, the principal/site management will sign and date the SSSP confirming approval and return a signed copy to the Sub-contractor for their record.

10. **Sub-contractors**

The Sub-contractor must have a process in place for approving their own Sub-contractors' safety systems. If the Sub-contractor contracts out some of their work to another Sub-contractor, then the site management must be notified in a schedule attached to the Sub-contractor's SSSP of the names and contact details for all their Sub-contractors.

1. Site Specific Safety Plan Checklist

To be completed and handed to principal/site management before start of work on site

To: (Main contractor) For: (Project/Site)
(Client)
From: (Subcontractor) For: (Contracted works)
(Contractor)
(Delete which does not apply)

We undertake as follows:

1. Workplace Control and Management

On-site safety representative (SR) for this project is:..... (Phone)

The person in control of the workplace is: **Principal/Client/Main contractor/Other**

2. Notification of Particular Hazardous Work

We have Notifiable Works associated with our subcontract .

Yes No

WorkSafe NZ has been advised of our Notifiable Works.

Yes No

(A copy of the Notification (form 3) must be attached)

Notification attached.

Yes No

3. Work Site Hazard Register

We will maintain a Work Site Hazard Register of all existing and new Hazards and appropriate controls

Yes No

We will prepare a written Safe Work Method Statement (SMWS) covering all significant hazards associated with our works, in conjunction with employees, and give it to site management before any work involving that hazard commences on site.

Yes No

Are there Hazardous products/processes associated with our sub-contract works?

Yes No

(If yes, the appropriate Safety Data Sheets must be attached)

4. Communication/Employee Participation

The methods we use to communicate safety information to our employees are:

Toolbox Talks

Pre-task planning meetings

Health and safety meetings

Co-ordination meetings

Frequency.....

Frequency.....

Frequency.....

Frequency.....

OtherFrequency

5. Emergencies

Our First Aid kit is located at:

Our First Aid person is:(Phone)

We have trained First Aid personnel and procedures in place on site to render assistance in the event of an accident/ emergency.

Yes No

We have attached an Emergency Plan for all hazardous products and processes we have said yes to in question 3 above.

Yes No

In the event of a site emergency or evacuation our personnel will report to our safety representative and assemble at the evacuation area shown on the Emergency Evacuation Plan.

Yes No

6. Accident/Incident: Reporting/Investigation/Recording

We have an accident/incident reporting/investigation system in place and keep an Accident/Incident Register.

Yes No

We will immediately notify all serious harm accidents to site management and follow up within 7 days with a completed copy of the Accident and Incident Investigation Report.

Yes No

1. Site Specific Safety Plan Checklist

7. Safety Inspections and Safety Reviews

We agree to undertake safety inspections and reviews at the intervals required by the Safety Activity Monitoring Register Wall Chart.

Yes No

A sample of documentation of our safety inspections is attached.

Yes No

8. Training/Induction

All persons under our control hold a current Site Safe Passport, Advanced Passport or Supervisor Gold Card.

Yes No

(See attached Training and Competency Register – form 13)

All persons under our control on site are given a site specific safety induction.

Yes No

All persons under our control on site are appropriately qualified, competent or fully supervised.

Yes No

9. Sub-contractors

Will you have Sub-contractors working for you on this project?

Yes No

(If yes, then attach a schedule of details for all Sub-contractors and agree to provide to the site management completed SSSPs from all your Sub-contractors for approval before they are allowed to work on the site)

Signed:

Name:Date:

(Sub-contractor representative)

Signed:

Name:Date:

(Principal/Site project manager)

Subcontractor Notes:

Main Contractor Notes:

Safety Advisor Notes:

2. Notification of Particular Hazardous Work

Health and Safety in Employment Regulations 1995

The Health and Safety in Employment Regulations 1995 require employers as well as the person who controls a place of work to provide **at least 24 hours' notice** to **WorkSafe New Zealand (OSH, DoL, MBIE)** of particularly hazardous work as defined below.

Please mail or fax this form to: The Registrar, Health and Safety Group Response Team, PO Box 105146, Auckland, Email HealthSafety.Notification@worksafe.govt.nz, Fax: 09 984 4115. Regulations 2 and 26 of the Health and Safety in Employment Regulations 1995 define notifiable work and set out who is responsible for making the notification. They are also quoted on the back of this form for your convenience. (If faxing this form, please return only the front page.)

Notification is hereby given under the Health and Safety in Employment Regulations 1995 in respect of the following work:

Nature of work (tick appropriate box):

- | | |
|---|--|
| <input type="checkbox"/> Scaffolding (all kinds). | <input type="checkbox"/> Felling trees for logging. |
| <input type="checkbox"/> Buildings and structures over 5 metres. | <input type="checkbox"/> Tree felling for commercial firewood. |
| <input type="checkbox"/> Use of a lifting appliance. | <input type="checkbox"/> Tree felling in land clearance. |
| <input type="checkbox"/> Trench, shaft, pit, etc. | <input type="checkbox"/> Tree felling in maintenance of horticulture shelterbelts. |
| <input type="checkbox"/> Drive or heading. | <input type="checkbox"/> Tree felling in maintenance of overhead power lines. |
| <input type="checkbox"/> Excavated face over 5 metres. | <input type="checkbox"/> Tree felling in arboriculture |
| <input type="checkbox"/> Use of explosives. | <input type="checkbox"/> Tree felling in silviculture. |
| <input type="checkbox"/> Work in, or breathing, compressed air or air substitute. | <input type="checkbox"/> Tree felling for willow layering and other work in catchment areas. |
| <input type="checkbox"/> Restricted work involving asbestos. | <input type="checkbox"/> Tree felling involving wind throw. |
| <input type="checkbox"/> Demolition. | |
| <input type="checkbox"/> Other: | |

Address of worksite:

Contractor/Self-employed:

Address:

Main access road:

Location:

Employer:

Address:

Contact:

Phone: _____ Fax: _____

Certificate holder:

No.:

Phone: _____ Fax: _____

Contact:

Phone: _____ Fax: _____

(Please name certificate holder when notifying scaffolding, diving, asbestos or use of explosives.)

Brief description of work: _____

Due date of commencement: _____

Estimated time to complete: _____

Date: _____

Signed: _____

(FOR EMPLOYER)

WorkSafe New Zealand (OSH, DoL, MBIE)

Email: HealthSafety.Notification@worksafe.govt.nz

Fax: 09 984 4115

Phone: 0800 030 040

2. Notification of Particular Hazardous Work

Regulation 2 and 26 of the Health and Safety in Employment Regulations 1995

2. Interpretation—

“Notifiable work” means—

- a. Any restricted work, as that term is defined in regulation 2(1) of the [Health and Safety in Employment (Asbestos) Regulations 1998]:
- b. Any logging operation or tree-felling operation, being an operation that is undertaken for commercial purposes:
- c. Any construction work of one or more of the following kinds:
 - i. Work in which a risk arises that any person may fall 5 metres or more, other than—
 - A. Work in connection with a residential building up to and including 2 full storeys:
 - B. Work on overhead telecommunications lines and overhead electric power lines:
 - C. Work carried out from a ladder only:
 - D. Maintenance and repair work of a minor or routine nature:
 - ii. The erection or dismantling of scaffolding from which any person may fall 5 metres or more:
 - iii. Work using a lifting appliance where the appliance has to lift a mass of 500 kilograms or more a vertical distance of 5 metres or more, other than work using an excavator, a fork-lift, or a self-propelled mobile crane:
 - iv. Work in any pit, shaft, trench, or other excavation in which any person is required to work in a space more than 1.5 metres deep and having a depth greater than the horizontal width at the top:
 - v. Work in any drive, excavation, or heading in which any person is required to work with a ground cover overhead:
 - vi. Work in any excavation in which any face has a vertical height of more than 5 metres and an average slope steeper than a ratio of 1 horizontal to 2 vertical:
 - vii. Work in which any explosive is used or in which any explosive is kept on the site for the purpose of being used:
 - viii. Work in which any person breathes air that is or has been compressed or a respiratory medium other than air:

26. Notification—

1. In this regulation, the term “employer” includes a person who controls a place of work.
2. Subject to subclause (4) of this regulation, every employer who intends to commence any notifiable work or any work that will at any time include any notifiable work shall take all practicable steps to lodge notice of that intention in accordance with this regulation.
3. A notice required to be lodged under subclause (2) of this regulation shall—
 - a. Be lodged at an office that deals with occupational safety and health matters, being the nearest such office of the Department to the place where the work is to be carried out; and

b. Be in writing; and

c. Be given at least 24 hours before the time at which the employer intends to commence the work; and

- d. Contain the following particulars—
 - i. The nature and location of the work; and
 - ii. The name, address, and contact details of the employer; and
 - iii. The intended date of commencement of the work; and
 - iv. The estimated duration of the work.
4. It shall not be necessary for any employer to comply with subclause (2) of this regulation before commencing any construction work or tree felling operation necessary to deal with an emergency arising from—
 - a. Damage caused by any earthquake, explosion, fire, flood, lightning, rain, slip, storm, or washout; or
 - b. The blockage or breakdown of any drain or sewer; or
 - c. The blockage or breakdown of any distribution system or network for electricity, gas, telecommunications, or water

Source: <http://www.business.govt.nz/worksafe/notifications-forms/particular-hazardous-work>

Copy: Site H&S Officer, Site Foreman, Site H&S Notice board(s), General Manager, H&S Folder # 04

3. Work Site Hazard Register

Name of Business:		Workplace/site address:	
Work Area:		Inspected by:	
Date of inspection:	/ /20	Signature:	

Use this form to “Record” the Hazards at the Work Site, and how each Hazard will be “Controlled”.

1. IDENTIFY	2. RATE		3. CONTROL							
Hazard (specify what it is)	Potential Harm (what is the... risk)	Significant Hazard ?	Eliminate Isolate or Minimise	Hazard Control Methods (how will the hazards be controlled)	Is Training required ?	Monitoring of the Hazard Controls				
						Date checked	Date checked	Date checked	Date checked	Date checked
		Y / N		1. 2. 3.	Y / N					
		Y / N		1. 2. 3.	Y / N					
		Y / N		1. 2. 3.	Y / N					
		Y / N		1. 2. 3.	Y / N					
		Y / N		1. 2. 3.	Y / N					

Copy: Site H&S Officer, Site Foreman, Site H&S Notice board(s), General Manager, H&S Folder # 04

3. Work Site Hazard Register

Name of Business:		Workplace/site address:	
Work Area:		Inspected by:	
Date of inspection:	/ /20	Signature:	

Use this form to “Record” the Hazards at the Work Site, and how each Hazard will be “Controlled”.

1. IDENTIFY	2. RATE		3. CONTROL							
Hazard (specify what it is)	Potential Harm (what is the... risk)	Significant Hazard ?	Eliminate Isolate or Minimise	Hazard Control Methods (how will the hazards be controlled)	Is Training required ?	Monitoring of the Hazard Controls				
						Date checked	Date checked	Date checked	Date checked	Date checked
		Y / N		4. 5. 6.	Y / N					
		Y / N		4. 5. 6.	Y / N					
		Y / N		4. 5. 6.	Y / N					
		Y / N		4. 5. 6.	Y / N					
		Y / N		4. 5. 6.	Y / N					

Copy: Site H&S Officer, Site Foreman, Site H&S Notice board(s), General Manager, H&S Folder # 04

3. Work Site Hazard Register

Name of Business:		Workplace/site address:	
Work Area:		Inspected by:	
Date of inspection:	/ /20	Signature:	

Use this form to “Record” the Hazards at the Work Site, and how each Hazard will be “Controlled”.

1. IDENTIFY	2. RATE		3. CONTROL							
Hazard (specify what it is)	Potential Harm (what is the... risk)	Significant Hazard ?	Eliminate Isolate or Minimise	Hazard Control Methods (how will the hazards be controlled)	Is Training required ?	Monitoring of the Hazard Controls				
						Date checked	Date checked	Date checked	Date checked	Date checked
		Y / N		7. 8. 9.	Y / N					
		Y / N		7. 8. 9.	Y / N					
		Y / N		7. 8. 9.	Y / N					
		Y / N		7. 8. 9.	Y / N					
		Y / N		7. 8. 9.	Y / N					

Copy: Site H&S Officer, Site Foreman, Site H&S Notice board(s), General Manager, H&S Folder # 04

5. Safe Work Method Statement (SWMS) - Part 1

This SWMS is a Job Site specific statement that must be prepared before any Work is commenced. Include all team members in the preparation.

Company Details			
Company name:		Address:	
Principle Contractor:		Client name:	
Person Responsible for ensuring compliance with this SWMS			
Name/Position:	Phone:	SWMS approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ___ / ___ / ___ Signature:
Job Details			
Description of Job/Work:		Today's date:	
		Job duration:	From: ___ / ___ / ___ To: ___ / ___ / ___
		Location of Job Site:	
Does the WorkSafe NZ (OSH, DoL, MBIE) need to be notified of any Particular Hazardous Work ? YES <input type="checkbox"/> NO <input type="checkbox"/> Date notified: ___ / ___ / ___ Notified by: MAIL <input type="checkbox"/> FAX <input type="checkbox"/>		Describe the Particular Hazardous Work:	
Work Permits required:		PPE required:	
Plant & Equipment required:		H&S Signage / Barricades / Cones required:	
		Codes of Practice, Legislation, Standards which apply to this Job:	
Engineering Certificates / Permits / Approvals required:		Maintenance Checks required:	

1. Brief each team member on this SWMS before commencing the Job. Ensure that all team know that the Job is to stop immediately, if the SWMS is not being followed.
2. Observe the work being carried out. If the controls are not appropriate, stop the Job, review the Hazard Controls, and correct the SWMS as required. Then re-brief all the team members.
3. Retain a copy of this SWMS for the duration of the Job.

5. Safe Work Method Statement (SWMS) - Part 2

SWMS #

Page ___ of ___

STEP	PROCEDURE (JOB STEPS) List in order, the steps (tasks) required to complete the job.	POTENTIAL HAZARDS For each step, list the Hazards/Risks that could occur when the task is performed.	LEVEL of RISK (1 - 5)	HAZARD CONTROLS List the Control Methods that will be used to ELIMINATE, ISOLATE or MINIMISE each potential Hazard/Risk.	PERSON(S) RESPONSIBLE for implementing, monitoring, and reviewing the hazard controls..
1					
2					
3					
4					
5					
6					
7					
8					

(Use extra pages if required)

5a. Safe Work Method Statement (SWMS) - Part 3

Qualifications and Experience required to complete the Job	Personnel, Duties and Responsibilities	Training Required to Complete the Job

Read and Signed by All Employees on the Job Site

1. I have had the Job explained to me including what tasks will be high-risk, the tasks, and associated hazards, risks and controls.
2. I understand that the Job is to stop immediately, if the SWMS is not being followed.
3. I understand that if the Hazard Controls are not adequate I will stop the Job, review the SWMS, and correct the Hazard Controls, as required with the team.

Name:	Position:	Signature:	Date:

Review #	01	02	03	04	05	06	07	08	09
Initial:									
Date:									

5b. Safe Work Method Statement (SWMS)

SWMS #

Page ___ of ___

Use the table below to Rate the POSSIBLE HAZARDS, by determining what the LEVEL of RISK is, when the Tasks are performed.

Ask yourself this

1. How "Serious" will the injury be?
2. What is the "Likelihood" of being injured?

Seriousness of the injury	Likelihood of being injured				
	Almost certain	Likely	Possible	Unlikely	Rare
Fatality	5	5	4	3	3
Major injury/illness	5	4	3	3	2
Moderate injury/illness	4	3	3	3	2
Minor injury/illness	3	3	3	2	1
First aid treatment	3	2	2	1	1

Level of Risk		
5	Critical Risk	Urgent attention required - life threatening. STOP ALL ACTIVITIES immediately and take urgent action to eliminate the risk.
4	High Risk	Requires immediate corrective action, usually within 24-hours.
3	Medium Risk	Corrective Action usually required within 1- week.
2	Low Risk	Corrective Action usually required within 1-month.
1	Very Low Risk	No Corrective action usually required. Record accordingly and proceed with care.

6. Toolbox Safety Meeting Minutes

Name of Business:	
Workplace/site address:	

Date Meeting held:	Start Time:	Finish time:
--------------------	-------------	--------------

Attended By:	Signature(s) of attendees:

Absent:	
Minutes Taken By:	Page of

Items discussed:
Hazards - Workplace, Tasks performed, Plant, HSNO
Safety Equipment - Personal Protective Equipment, Working from Height Equipment, H&S Signage
Managing and Training - Emergency Preparedness

Items raised:

Actions to be taken:

Next Scheduled Meeting for:	
-----------------------------	--

Copy: H&S Officer, H&S Committee, General Manager, Manager/Supervisor, H&S Notice board(s), H&S Folder # 04

7. Pre-start Site Assessment

PROJECT/SITE	ASSESSOR	SIGNED
		DATE

Hazards	✓	Controls
---------	---	----------

Height/Overhead Work:

Falling material		
Ladders		
Scaffolds		
Roofs		
Cranes		
Elevated work platforms		

Trenches/Confined Spaces:

Pits and trenches		
Tanks		
Shafts		
Confined spaces		

Plant:

WoF/current test tag		
Machine guards		
RCDs		
Leads		
Vibration		

General Environment:

Public access/protection		
Signage/barriers		
Organisation/housekeeping		
Wet/slippery environment		
Hazardous materials		
Chemicals		
Services (gas/water/power)		
Exposure to weather		
Extreme temperatures		
Traffic		
Noise		
Dust and debris		
Explosion/fire		
Machinery		
Mobile plant		

Personal Protective Equipment:

Safety boots		
Hearing protection		
Eye protection		
Hi viz clothing		
Safety helmet		
Respiratory protection		

**7a. Pre-start Site Assessment -
General Comments and Observations:**

8. Self-Safety Inspection Checklist

PROJECT/SITE:				EMPLOYER:				
Safety representative:				Inspection by:				
				Date inspected:				
Remedial complete (sign/date):								
1	Site Control			✓/x	9	Welding/Gas Cutting		✓/x
1.1	Hazard board and signage up-to-date				9.1	Hot work permits being issued		
1.2	Environmental plan – issues				9.2	Fire extinguishers on hand		
1.3	Toolbox Talk last date / /				9.3	Operators using PPE		
1.4	Safety inductions for all on site				10	Electrical Equipment		
1.5	Safety notice board current				10.1	Main board lockable/weatherproof		
2	Site Facilities				10.2	Current tagged and damage-free leads		
2.1	Offices – clean, adequate and good lighting				10.3	Current tagged plant		
2.2	Smoko sheds – clean, potable water				10.4	Current tagged lifeguards		
2.3	Toilets – clean, washing water				10.5	Leads safely placed		
2.4	Tool/equipment sheds adequate				10.6	Equipment in good condition		
3	General Site Tidiness and Accessways				10.7	Appropriate guards on equipment		
3.1	Clear, safe access to work areas				10.8	Adequate temporary lighting		
3.2	Stairways and accessways clear				11	Chemicals		
3.3	Hoardings/fence and gates secure				11.1	Correctly stored		
3.4	Loose materials secure from wind				11.2	Safety Data Sheet (SDS) available		
4	Personal Safety Equipment				11.3	Operators using PPE		
4.1	Signage displayed and legible				12	Tools		
4.2	Hardhats being worn				12.1	PAT tool WoF current and secure		
4.3	Correct footwear being worn				12.2	Staff trained in tool use (SWPS)		
4.4	Glasses/ear muffs/vests/masks used				12.3	PAT signage on site		
5	First Aid/Fire Prevention				13	Scaffolding		
5.1	First Aid box	Available	Current		13.1	Notifiable weekly Scaftag/current		
5.2	Accident register				13.2	Handrails/mid-rails		
5.3	Fire extinguishers	Available			13.3	Toe boards		
5.4		Current (12 mth)			13.4	Platforms		
5.5		Sufficient number			13.5	Ladders/stairs		
5.6	Evacuation	Procedure current			13.6	Base sound		
5.7		All emergencies incl			13.7	Work platforms clear		
6	Cranes/Hoist/Lifting Equipment				13.8	Platforms trip free		
6.1	Proper lift assessment plan done				13.9	Planks tied down		
6.2	Crane certification current				13.10	Headroom clear		
6.3	Slings/chains certified				13.11	Ties/bracing adequate		
6.4	Operator procedures in place				14	Ladders		
6.5	Inspections being done				14.1	Good condition		
6.6	Man cage available				14.2	Secured top and bottom		
6.7	Emergency plan in place				14.3	Stays to step ladders		
7	Compressed Air Equipment				14.4	Working 2 steps down		
7.1	In good condition				15	Fall Hazards		
7.2	Appropriate guards fitted				15.1	Floor edges	Floor openings	
7.3	Trained user				15.2	Lift shafts	Stairs	
8	Excavations correctly shored					Excavations		

9. Emergency Plan and Procedures for Hazardous Work

PROJECT/SITE:		EMPLOYER:
Potential Emergency Situations	List separately:	Procedure:
Responsibilities	Personnel:	Key responsibilities:
Evacuation Procedures		Visitors: Assembly areas: Alarms:
Medical Treatment	First Aiders: Location of nearest medical centre:	Emergency services: Key subcontractors' telephone numbers:
Training and Communication		Procedure to advise site staff:

9a. Emergency Evacuation Plan

Emergency Evacuation Plan

In the case of emergency requiring evacuation of the site/project, either:

FIRE, EARTHQUAKE, SERIOUS ACCIDENT, STRUCTURAL COLLAPSE, TSUNAMI, EXPLOSION, AVIATION INCIDENT, HAZARDOUS SPILL OR PRACTICE EVACUATION

The following Warning will sound:

If this warning sounds, SHUT DOWN all plant and equipment. All personnel on the project are to proceed IMMEDIATELY by the SAFEST IDENTIFIABLE ROUTE to the SAFE ASSEMBLY POINT

And **REMAIN** there, so **ALL** personnel can be **ACCOUNTED FOR**

DO NOT RETURN to the project until the project manager has given the **OFFICIAL CLEARANCE**

MEDICAL FACILITIES LOCATED AT:

When calling 111, READ THE FOLLOWING TO THE DISPATCHER:

We have an emergency at...

We need help from Ambulance/Fire...

Directions to the emergency are...

Our phone number is...

The medical problem seems to be...

Send someone outside to meet the emergency services

EMERGENCY TELEPHONE NUMBERS:

Dial 111 for:

FIRE, AMBULANCE, POLICE, GAS, CHEMICAL SPILLS

PHONE NUMBERS MAY DIFFER – CHECK YOUR LOCAL DIRECTORY

HOSPITAL	()
WORKSAFE NZ	(0800) 030 040
CIVIL DEFENCE	()
POISON CENTRE	(03) 474 7000
POWER (Customer Service)	()
24hr Faults	()
Subcontractors on site:	()

SAFETY MANAGER IS: _____

TRAINED FIRST AIDER IS: _____

FIRST AID KIT AND FIRE EXTINGUISHER LOCATED AT SITE OFFICE OR:

11. Notice or Record of Accident/Serious Harm

Required for section 25(1), (1A), (1B) and (3)(b) of the Health and Safety in Employment Act 1992
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

1. Particulars of employer, self-employed person or principal:

(Business name, postal address and telephone number)

2. The person reporting is:

an employer a principal a self-employed person

3. Location of place of work:

(Shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)

4. Personal data of injured person:

Name	
Residential address	
Date of birth	
Sex (M/F)	

5. Occupation or job title of injured person:

(Employees and self-employed persons only)

--

6. The injured person is:

an employee a contractor (self-employed person)
 self other

7. Period of employment of injured person:

(Employees only)

1st week 1st month 1-6 months
 6 months-1 year 1-5 years Over 5 years
 Non-employee

8. Treatment of injury:

None First Aid only
 Doctor but no hospitalisation Hospitalisation

9. Time and date of accident/serious harm:

Time		am/pm	
Date		Shift	<input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night

Hours worked since arrival at work
(Employees and self-employed persons only)

10. Mechanism of accident/serious harm:

Fall, trip or slip Hitting objects with part of the body
 Sound or pressure Being hit by moving objects
 Body stressing Heat, radiation or energy
 Biological factors Chemicals or other substances
 Mental stress

11. Agency of accident/serious harm:

Machinery or (mainly) fixed plant
 Mobile plant or transport
 Powered equipment, tool or appliance
 Non-powered handtool, appliance or equipment
 Chemical or chemical product
 Material or substance
 Environmental exposure (e.g. dust, gas)
 Animal, human or biological agency (other than bacteria or virus)
 Bacteria or virus

12. Body part:

Head Neck Trunk
 Upper limb Lower limb Multiple locations
 Systemic internal organs

13. Nature of injury or disease:

Fatal

(Specify all)

<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"/> Damage to artificial aid
<input type="checkbox"/> Head injury	<input type="checkbox"/> Disease, nervous system
<input type="checkbox"/> Internal injury of trunk	<input type="checkbox"/> Disease, musculoskeletal system
<input type="checkbox"/> Amputation, including eye	<input type="checkbox"/> Disease, skin
<input type="checkbox"/> Open wound	<input type="checkbox"/> Disease, digestive system
<input type="checkbox"/> Superficial injury	<input type="checkbox"/> Disease, infectious or parasitic
<input type="checkbox"/> Bruising or crushing	<input type="checkbox"/> Disease, respiratory system
<input type="checkbox"/> Foreign body	<input type="checkbox"/> Disease, circulatory system
<input type="checkbox"/> Burns	<input type="checkbox"/> Tumour (malignant or benign)
<input type="checkbox"/> Nerves or spinal chord	<input type="checkbox"/> Mental disorder

14. Where and how did the accident/serious harm happen?

(If not enough room, attach separate sheet or sheets)

15. If notification is from an employer:

(a) has an investigation been carried out? Yes No
(b) was a significant hazard involved? Yes No

Signature and date: _____ / ____ / ____

Name and position:
(Use capitals)

Check that the details on this copy are complete and forward it to your nearest WorkSafe NZ office

TAKE NOTE: Where Serious Harm has occurred to a person, the Accident or Serious Harm must be reported to **WorkSafe New Zealand** (OSH / DOL / MBIE) (a) Immediately by **phone 0800 030 040**, and do not disturb the accident scene until clearance is authorised by **WorkSafe NZ** **AND** (b) In writing within seven days.

12. Accident and Incident Investigation Report

EMPLOYER		BRANCH/DEPARTMENT	
NAME OF INVESTIGATOR			
PARTICULARS OF INCIDENT			
Day of Incident (circle) M T W T F S S	Time	Project/Site	Date Reported
INJURED PERSON			
Name:		Address:	
Age:	Phone number:		
Reported date of incident:		Length of employment:	Time on job:
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal	Remarks:
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction	
Injured part of body:			
DAMAGED PROPERTY			
Property/material damaged:		Nature of damage:	
		Object/substance inflicting damage:	
INCIDENT			
Description			
Describe what happened (space overleaf for diagram – essential for all vehicle incidents):			
Analysis			
What were the causes (root and contributing causes) of the incident?			
Root causes – safety system failures:			
Contributing causes – unsafe acts and conditions:			
Prevention			
What action has or will be taken to prevent a recurrence? Tick items already actioned (use space overleaf if required)		Completed ✓ X	By whom
			When
TREATMENT AND INVESTIGATION OF INCIDENT			
Type of treatment given:	Name of person giving First Aid:	Doctor/Hospital:	
Incident investigated by:	Date:	WORKSAFE NZ advised: Yes / No	Date:

Signed by: Employer..... **Signed by: Employee**.....

13. Training and Competency Register

This register is a record of training, qualifications, experience and competencies for your employees. Complete the register for each employee, noting Site Safe training that has been completed, along with other safety and trade training undertaken. List certificates, licences and other formal qualifications in the column to the right of the training section. Record employee competence level for the job he/she will be carrying out on site in the column on the far right below. Use the LULU system shown at the bottom of the register or other system to record competency level. *Share this information with other contractors working alongside you to communicate the levels of competence of your staff.*

Name	Site Induction Date	Current Site Safe Card Type and Number (See key below)	Current Site Safe Card Expiry Date	Other Site Safe Training (See key below)		Training, Qualifications, Experience			Competence
						Trade and Skills Training (Specify all types)	Formal Qualifications, Certificates, Licences, and Unit Standards (Specify all types)	No. Years' Experience in Current Job	Level of Competence in Current Job (use LULU)

Key:

<p>Types of qualifications, certificates, licences, unit standards, other:</p> <ul style="list-style-type: none"> • EWP (elevated work platform) • PAT (powder actuated tool) • FL (fork lift) • FA (fall arrest) • SCA (scaffold) • DOG (dogman) • LBP (Licensed Building Practitioner – card type and number) 	<ul style="list-style-type: none"> • CRA (crane – specify type) • MP (mobile plant – specify type) • RELECT (registered electrical worker) • ELTAG (electrical testing and tagging) • STMS (site traffic management supervisor) • TC (traffic controller) • EXP (explosives) • NZQA (trade or safety units) 	<p>Site Safe training (card types): BCP (Commercial and Residential), CIV (Civil), ELEC (Electrical), MTCE (Maintenance), and ADV (Advanced Passport/Workplace Safety), CON (Consultants), HHC (Height and Harness Course), HSR (Health and Safety Representative), SUPG (Supervisor Gold Card), SUPGU (Supervisor Gold Card Update), CMC (Construction Management Course), LC (Leadership Course), CCSS (Certificate in Construction Site Safety).</p>
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LULU competence designation for use in “Competence” column at above right (or use other designation system such as 1-5)
I Under direct supervision, is not competent (watch all the time); **L** under supervision, is partially competent (line of sight); **U** Indirect or occasional supervision, is partially competent (supervision nearby); Fully competent to work unsupervised; Competent to train.

15. Site Specific Safety Plan Monitoring Register Wall Chart

Project / Site:	Main Contractor:
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The dates of subcontractor safety meetings and activities should be logged on this Chart. The Chart will be reviewed each week by main contractor management.

Sub-Contractor	Pre-start Meeting Date	Site Specific Safety Plan		Task Analysis/ Hazard Register		Monthly Subby Award	Weekly Toolbox Talk and Self Safety Inspections Completed								TBT	SI	
		Submitted	Approved	Submitted	Approved		Fill in week number or date at the top of each column Initial and date triangles each week only after each record is reviewed										

To be used in conjunction with the Wall Chart Senior Manager Review Sign-off (form 15a)

<i>Trade Foreman</i>	<ul style="list-style-type: none"> ▪ Complete the “Task Analysis” (form 5) or “Hazard Register” (form 2) prior to beginning work and submit the form for approval. ▪ Conduct and record a Self-Safety Inspection and Toolbox Talk each week and submit to site manager. ▪ Initial and date the Wall Chart boxes each week after conducting a Self-Safety Inspection and Toolbox Safety Meeting.
<i>Site Manager</i>	<ul style="list-style-type: none"> ▪ Record the Pre-start meeting date for each subcontractor. ▪ Initial and date the boxes labelled “Submitted” and “Approved” when you have received and approved an SSSP from each subcontractor. ▪ Initial and date the boxes labelled “Submitted” and “Approved” when you have received and approved a Task Analysis/Hazard Register from each subcontractor. ▪ Collect and review Self Safety Inspection and Toolbox Minutes when they are completed. ▪ Review, sign and date the Register each week.
<i>Project Manager</i>	<ul style="list-style-type: none"> ▪ Review the Register during each site visit. ▪ Recognise and reward subcontractors who exceed their Task Analysis/Hazard Register, Self-Safety Inspection and Toolbox Talk responsibilities. ▪ Attend at least one subcontractor Toolbox Talk each month.

15a. Wall Chart Senior Manager Review Sign-off

Name.....Title.....Date.....
 Name.....Title.....Date.....

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Managers' Titles

SM = Site Manager
 PM = Project Manager

CM = Construction Manager
 RM = Regional Manager

MD = Managing Director
 CE = Chief Executive

16. Site Specific Safety Plan Evaluation

This evaluation process assumes that the contractor has already submitted their health and safety systems to the client and that the client has approved these systems. The purpose of this evaluation is intended to provide the client with confidence that the contractor is aware of their responsibilities and has procedures in place that meet these responsibilities on this specific project.

This form will be used by the client to evaluate the SSSP received from a contractor to ensure it has all the information correctly completed and all attachments included. Acceptance of the SSSP in no way diminishes the contractor's obligation under the Health and Safety in Employment Act.

If any of the questions below are answered **X**, then the client will return the SSSP to the contractor for all the information to be attached before processing the SSSP.

The completed Site Specific Safety Plan was received:

Date:

From:.....

Actioned:

For (Project/Site):.....

		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
1.	Has the named Sub-contractor signed acknowledgement and agreement with the terms of this Site Specific Safety Plan without amendment?	<input type="checkbox"/>
2.	Have the Contractor's and Safety Representative's (SR's) contact details been included?	<input type="checkbox"/>
3.	Has the Person in Charge of the Workplace been clearly and correctly identified?	<input type="checkbox"/>
4.	Has the Contractor and named SR developed, completed and attached satisfactory Hazard management which clearly identifies the actual and potential significant hazards for the project likely to affect or harm others on the site?	<input type="checkbox"/>
5.	Does the Contractor have Hazardous substances/dangerous goods associated with their proposed works/contract that you know of?	<input type="checkbox"/>
6.	If the previous question was ticked, has the Hazardous Substance/Dangerous Goods Register been developed and completed, and attached with the SDS and SWMS?	<input type="checkbox"/>
7.	Has the Contractor scheduled regular inspections for their work appropriate for the hazards and processes and Safety Activity Monitoring Register Wall Chart?	<input type="checkbox"/>
8.	Has the Contractor confirmed suitable regular communications methodology adequate for this contract?	<input type="checkbox"/>
9.	Do you know of any potential situations which require an Emergency Plan and Procedures from this Contractor?	<input type="checkbox"/>
10.	If the previous question was ticked, has the contractor developed and attached an Emergency Plan to cover the potential emergency situation?	<input type="checkbox"/>
11.	Has the Contractor named their trained First Aid person?	<input type="checkbox"/>
12.	Has the Contractor attached their employee schedule of Passport, Advanced Passport, Supervisor Gold Card and BCITO National Certificate in Construction Health and Safety and Injury Prevention details and evidence of competency?	<input type="checkbox"/>
13.	Has the named Contractor's subcontractor's SSSP been provided?	<input type="checkbox"/>
14.	Has the named Contractor's subcontractor's SSSP been approved?	<input type="checkbox"/>
15.	Does the named Contractor have Notifiable Works associated with their contract?	<input type="checkbox"/>
16.	If the previous question was ticked, has the Notification of Particular Hazardous Construction Work (form 2) been completed and sent to the nearest WorkSafe NZ office?	<input type="checkbox"/>

Definitions of Terms

Definition of a Principal

A person who engages any person (other than as an employee) to do any work for gain or reward.

A principal can be a:

- client who directly contracts a main contractor or sub-contractors,
- a main contractor who engages sub-contractors,
- subcontractors who engage other sub-contractors,
- self-employed persons who engage sub-contractors.

Definition of a Person Who Controls a Place of Work

A person who controls a place of work can be a person who:

- owns, leases, subleases or is in the possession of/occupies a place of work,
- owns, leases or subleases plant or equipment used in the place of work.

Definition of a Person

A person can be a legal person such as an employer or a natural person such as an employee.

A person can be:

- the Crown,
- a group of people who act as an individual such as a company, a body corporate or the Crown,
- an employee,
- a self-employed person.

Definition of Hazard Register

A Hazard Register is a job specific list of hazards and controls relating to work on site.

Definition of Safe Work Method Statement (SWMS)

A SWMS is a contractor's systematic hazard management plan for a specific job on a specific site. To make it systematic it is typically divided into three sections:

1. Job steps or tasks,
2. Hazards for each step,
3. Controls for each hazard.

A SWMS is required for all "significantly hazardous physical work".

Definition of Significantly Hazardous Physical Work

All work meeting any one of the following parameters:

- any work being completed under a permit-to-work system including but not limited to: confined spaces, hot work, powder powered tools, work at height, excavations, etc (Note: some of these activities may be underway but may not be carried out under a permit system)
- WorkSafe New Zealand Notifiable Work,
- any work requiring a certificate of competency including but not limited to powder powered tools and scaffolding over 5 metres,
- any work involving the use of any fall arrest system.

Definition of Safety Activity Monitoring Register Wall Chart

The Safety Activity Monitoring Register is a matrix of safety activities completed by each subcontractor on a site. It lists the subcontractors on the site along with the safety activities which they must complete (Pre-start Site Assessment, Safe Work Method Statement, Toolbox Talks, Self-Safety Inspections, etc.). The Register provides for notations (normally dates and initials) when the specified safety activities are carried out and by whom and it acts as a log of each completed activity. To ensure accountability the Register is reviewed and signed by a senior manager from the main Contractor when they visit the site.

Work Site Contacts List

Principal / Client / Contractor / Sub-contractor Names	Telephone Number
Principal	
Client	
Contractor	
Sub-contractor	