

CSM03 Contractor HSW Assessment

Contractor Safety Management



In order to undertake work for Auckland Council, ALL contractors must complete this documentation

Purpose: This document is used to ensure that the contractor understands the risks involved in the work and possesses the necessary qualifications, certifications and experience to perform the work safely.

| | |
|---|--|
| Organisation's Name: | |
| Address: | |
| Council SAP / Vendor # (if issued): | |
| Completion of this Form | |
| <p>Step 1. All Contractors/consultants undertaking work or activities for Auckland Council must complete Section 1 Risk Assessment Matrix below. Please tick each activity that relates to the work you will be performing for Council. If none of the work types are being carried out, please select the box in 'none'.</p> | |
| <p>Step 2 If you are undertaking any High-Risk Work or Activities as indicated in the Risk Assessment Matrix, please complete Sections 2, 3 and 4 of this form.</p> | |
| <p>Step 3 If you are NOT undertaking any High-Risk Work or Activities as indicated in the Risk Assessment Matrix, please complete Sections 3 and 4 of this form.</p> | |

1. RISK ASSESSMENT MATRIX - High-Risk Work or Activities Categories. Other activities may be determined High Risk that are not on this list.

| Construction, installation, decommissioning maintenance | | | | | | | | | |
|---|--------------------------------------|--------------------------|-----------------------------------|--------------------------|---|--------------------------|----------------------------------|--------------------------|---|
| <input type="checkbox"/> | Construction | <input type="checkbox"/> | Demolition | <input type="checkbox"/> | Plant design | <input type="checkbox"/> | Plant work (major) | <input type="checkbox"/> | Asbestos work |
| Specialised activities | | | | | | | | | |
| <input type="checkbox"/> | Notifiable work to WorkSafe NZ | <input type="checkbox"/> | Confined spaces | <input type="checkbox"/> | Work at Height | <input type="checkbox"/> | Excavation work | <input type="checkbox"/> | Electrical work (LV/HV) |
| <input type="checkbox"/> | Lifting operations | <input type="checkbox"/> | Hot work | <input type="checkbox"/> | Hazardous substance use or handling | <input type="checkbox"/> | Temporary traffic management | <input type="checkbox"/> | Working in the road corridor |
| <input type="checkbox"/> | Waste management | <input type="checkbox"/> | Marine services | <input type="checkbox"/> | Working on or near the rail corridor | <input type="checkbox"/> | Aviation services | | |
| Building and ground services | | | | | | | | | |
| <input type="checkbox"/> | Arboriculture/ Horticulture services | <input type="checkbox"/> | Spraying – pesticides, herbicides | <input type="checkbox"/> | Operational /industrial cleaning services | <input type="checkbox"/> | Building maintenance and repairs | <input type="checkbox"/> | Routine equipment maintenance and repairs |

Table continued below

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| Security / Public facing | | | | | | | |
|--------------------------|---|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Security | <input type="checkbox"/> | Public facing (increased risk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transport/Haulage | | | | | | | |
| <input type="checkbox"/> | Transport | <input type="checkbox"/> | Haulage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | | | | | |
| <input type="checkbox"/> | Construction observations | <input type="checkbox"/> | Other physical works | <input type="checkbox"/> | Other (specify) | | |
| None | | | | | | | |
| <input type="checkbox"/> | Company does not undertake any of the above work types. | | | | | | |

| 2. Safety Accreditation | | Yes | No |
|---|--|-----|----|
| 2.2 | Does your company hold any of the following certifications? | | |
| | ISO 45001 | | |
| | Totika/Impac PreQual/SiteWise/ACC AEP etc | | |
| | any other recognised Health and Safety qualification (<i>Please provide details</i>) | | |
| Date of next Certification Audit: | | | |
| Please provide a copy of current certificate and/or summary report with your tender/bid. | | | |
| Note: | | | |
| You MUST hold current contractor prequalification certification from an industry recognised certifier (i.e. Impac Prequal, SiteWise, Totika etc) as a minimum should you wish to contract to Auckland Council for any work. | | | |
| If you do not hold a current contractor prequalification certification, please register with Totika: https://www.totika.org/ | | | |

| 3. Positive Safety track record | | Yes | No |
|---------------------------------|---|-----|----|
| 3.1 | Please provide details of your safety record for the last 3 years: (i) Number of notifiable incidents? If there are occurrences of notifiable incidents in Section 3.1, please supply details including remedial actions and/or changes to policies and/or procedures as a result of your incident investigation. | | |
| 3.2 | Has there been any cautioning or prosecution by an enforcement authority in respect of health and safety over the last 5 years? | | |
| | Please supply details including remedial actions undertaken. | | |

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| 4. Declaration | Yes |
|---|--------------------------|
| I am authorised to provide this information and sign this form. | <input type="checkbox"/> |
| The information provided in this form is a true and accurate description of the health and safety systems to be used by us when contracted to Auckland Council. | <input type="checkbox"/> |
| Contractor has the required resources and competency to deliver the work for which they are engaged, including work types selected in the risk matrix (section 1). | <input type="checkbox"/> |
| All personnel who will be working for the Contractor have meet all Safety competency and training requirements for the role they will be carrying out (where relevant). | <input type="checkbox"/> |

Contractor/Consultant's Representative's Name:

_____ **Signature:** _____

Position:

_____ **Date:** _____

Checked by: (held in project/work file)

Auckland Council Representative's Name:

_____ **Signature** _____

Position:

_____ **Date:** _____

Remember: Attach all supporting evidence to each question, if required.