



Contractors' Health and Safety

Pre-Qualification Application

2020/22

Please complete the following application form to gain pre-qualification for a 2 year period. Return to our Health and Safety Advisor at HealthandSafety@mdc.govt.nz

We will get back to you as soon as possible to let you know if you have been successful in gaining pre-qualification or if we require additional information.

If you require assistance to complete the form or need any clarification, please email Cheryl or Brook on the email address above, or call her/him at the council

Phone 06 3230000

Company Name

Date of application

1. Company Information

Company Name:	
Physical Address:	
Postal Address (If different from above):	
Company key contact person:	
Position held:	
Phone:	Mobile:
Email Address:	
Health and Safety contact person: :	
Position held:	
Phone:	Mobile:
Email Address:	
Number of Employees:	
Key contact person/s at the council	
Department/s of the council you do work for	
Please list the type of work(s) your company would be undertaking: <i>Type here</i>	

2. Insurance

2.1	Does your company carry any of the following insurances? If yes, please also give the dollar value and expiry date. (extra cover may be required for specific work)
<input type="checkbox"/>	Public Liability Insurance Value: \$ _____ Expires: _____
<input type="checkbox"/>	Third Party Insurance Value: \$ _____ Expires: _____
<input type="checkbox"/>	Professional Indemnity Insurance Value: \$ _____ Expires: _____
<input type="checkbox"/>	Other Insurance specific to the type of work
Please provide copies of current insurance documents	
Guidance Advice: Insurances must be current.	

3. Health and Safety Management

3.1	Do you have a Health and Safety Policy, dated within the last 2 years? If yes, please enclose a copy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Guidance Advice: This is generally a one page document and should include a commitment to prevention of injury and ill health, and be signed and dated within the last 2 years.</p>			
3.2	Do you have a Drug and Alcohol Policy, dated within the last 2 years? If yes, please enclose a copy. If no, please explain your stance on Drugs and Alcohol. <i>Type here</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Professional Company membership and Audits

4.1	<p>Are you prequalified with any neighbouring council for similar types of work?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which Councils?</p> <p><input type="checkbox"/> Rangitikei District Council <input type="checkbox"/> Tararua District Council</p> <p><input type="checkbox"/> Horowhenua District Council <input type="checkbox"/> Ruapehu District Council</p> <p>If yes, please send a copy of your pre-qualification assessment report and certificate/letter and insurance documents as above.</p> <p>Then go to section 15. Please note, this does not automatically pre-qualify your company. We will look over the assessment report and get back to you if we require any further information.</p>
4.2	<p>Is your company pre-qualified by SiteWise, PreQual (Impac), SHE, SafetySet or similar?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please send a copy of your pre-qualification assessment report and certificate/letter.</p> <p>Then go to section 16. Please note, this does not automatically pre-qualify your company. We will look over the assessment report and get back to you if we require any further information.</p>
<p>Guidance Advice: Any areas of concern or failure within the scoring of the assessment report should be addressed. Any prequalification will only be accepted if it is for the same category of work you are intending to undertake for Council. A certificate alone is not enough evidence, we require a full assessment report.</p> <p>NOTE: If third party prequalification is accepted, the expiry with Council will be shortened to remain in line with third party prequalification expiry and a new assessment report will be required upon that expiry date.</p>	

5. Risk and Hazard Management

5.1	Have you identified the hazards and risks associated with the work that you do?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.2	Do you have controls or safety plans in place to eliminate or minimise the risks identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.3	Please attach evidence of your controls or safety plans you have in place.		
<p>Guidance Advice: Show us how you approach the risk involved in the work you do, we want to know that you have a systematic process in place to identify hazards and assess the level of risk.</p>			

Evidence could include a copy of a risk register or a risk assessment which links hazards to specific scope of works and shows it is assessed, monitored and updated if required.

6. Accident, Incident Reporting and Investigation

6.1 Do you have a documented system for reporting, recording and investigation of injuries, illnesses, incidents and near misses? Yes No

If yes, please attach evidence of your documentation relating to the reporting, recording and investigation of injuries, illnesses, incidents and near misses.

If no, please describe how incidents and injuries are investigated.

Type here

Guidance Advice: When an incident occurs, show us how your company records the essential information, investigates and makes changes/updates (as required) to the risk management controls. Please provide evidence such as completed incident investigation forms for any injuries or near misses that have occurred in the last 12 months. Please feel free to remove any identifiable information.

7. Compliance

7.1 Within the past five years under the Health and Safety in Employment Act 1992 or the Health and Safety at Work Act 2015, have you been issued with any of the following:

Improvement notice. If yes, please provide details and outcomes in section 17 Yes No

Prohibition notice. If yes, please provide details and outcomes in section 17 Yes No

Within the past five years have you been prosecuted under the Health and Safety in Employment Act 1992 or the Health and Safety at Work Act 2015? If yes, please supply details and outcomes in section 17 Yes No

Do you have any active investigations being carried out by WorkSafe NZ? If yes, please provide details in section 17 Yes No

8. Hazardous Substances

8.1 Explain your system for dealing with Hazardous Substances. Please provide evidence.

If you do not use any Hazardous Substances, please write N/A.

Type here

Guidance Advice: Tell us about some of your most commonly used hazardous substances and how you ensure they are handled and stored correctly.

9. Plant, Equipment and PPE

9.1 Explain your system for maintaining your plant, equipment and PPE. Please provide evidence.

Type here

Guidance Advice: Show us how you make sure any plant, equipment and/or PPE is kept maintained and fit for use. Examples of evidence could include a maintenance schedule or register.

10. Health Monitoring

10.1	Have you considered the health monitoring requirements for workers exposed to hazards such as asbestos, noise, sun exposure or certain hazardous substances?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.2	Please attach any information regarding health monitoring that is undertaken by the company or explain what is in place <i>Type here</i>			
<p>Guidance Advice: Considering the nature of the work, is there a potential for work related illness? If so, this section should cover how this is being managed and monitored.</p>				

11. Training and Certification

11.1	What licences, qualifications and training do you and/or your workers require for your work? <i>Type here</i> Please attach evidence of essential qualifications and related health and safety training			
<p>Guidance Advice: This section is to provide evidence of competency to carry out the work. Workers should be trained to at least the minimum required by legislation, regulations and/or approved codes of practice, standards and industry best practise. Evidence should include all health and safety based training, skills training, trade licences (LBP, Gas fitters, Plumbers etc.) trade qualifications, equipment and operator licences and years of experience. Competencies expected differ depending on the nature of the work.</p>				
11.2	Do you maintain records of licences, qualifications and training and actively manage expiry dates? If yes, please attach evidence or explain how you maintain this information. <i>Type here</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p>Guidance Advice: This is to ensure there is a trigger for any time bound qualifications to be renewed.</p>				

12. Subcontractors

12.1	Does your company engage subcontractors? If no, skip the remainder of this section and go straight to section 13	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12.2	Are your subcontractors pre-qualified with Council or your own pre-qualification system? Yes, with Council <input type="checkbox"/> Yes, with our company <input type="checkbox"/> No <input type="checkbox"/>			
12.3	Do you have a procedure for controlling the safety performance of your subcontractors? If yes, please specify how you do this, or send a copy of the documentation. <i>Type here</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p>Guidance Advice: Demonstrate how you make sure any subcontractors you engage maintain an acceptable level of safety. Examples could include a recent audit of a work site.</p>				

13. Emergency Procedures

13.1	Have you identified the emergency situations you may experience in your work? For example, on-site emergencies directly or indirectly related to your work, remote or lone workers, and civil-defence related emergencies.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.2	Please attach a copy of your Emergency Procedures.			
Guidance Advice: Demonstrate consideration of what kind of emergencies could happen and what plans are in place for responding to them to ensure safety of people, environment and equipment.				

14. Worker Participation

14.1	What opportunities do workers in your company have to participate in health and safety? <i>Type here</i>	N/A <input type="checkbox"/>
Guidance Advice: This could be a health and safety committee, toolbox meetings, risk identification briefings, involvement with job start analysis and many more. Evidence of such should be attached. Note: If you do not employ any staff (sole operator) this question can be eliminated and marked as not applicable (N/A) by selecting the appropriate option.		

15. Documentation

Section	Tick to confirm these documents are included in your application:		
	Health and Safety Pre-Qualification Form with all sections completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.1	Copies of current insurance certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2	A copy of your written Health and Safety Manual (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3	A copy of your drug and alcohol policy (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1	A copy of your pre-qualification certificate/letter from another Council	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	A copy of your third party pre-qualification report and certificate/letter	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	ISWorld Prequalification Certificate	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have provided 4.1 or 4.2 no further details are required at this time. Please ensure you have read and completed section 16, then send your application in with required report and certificate/letter attached.			
5.3	Evidence of your controls or safety plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.1	Evidence of your documentation relating to the reporting, recording and investigation of injuries, illnesses, incidents and near misses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1	Details of any prosecutions, improvement notices, prohibition notices or active Worksafe NZ investigations are detailed in section 17	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.1	Evidence of how you ensure correct use and storage of hazardous substances	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.1	Evidence of how you maintain plant, equipment and PPE	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.2	Any information regarding health monitoring that is undertaken by the company or an explanation of what is in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.1	Evidence of essential qualifications and related health and safety training	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.2	Evidence or an explanation as to how you maintain records of licences, qualifications and training and actively manage expiry dates	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.3	Evidence showing how you control the safety performance of your subcontractors	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.2	A copy of your Emergency Procedures	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.1	An explanation of how workers in your company get an opportunity to participate in health and safety	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Signed and dated Contractors Health and Safety Agreement and declaration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Additional Information clearly labelled with which section and question it relates to (if applicable)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. Contractors Health and Safety Agreement & Declaration

Policy

It is the policy of the Manawatu District Council (referred to from here on as 'Council') to engage only competent contractors, who will meet all relevant Health and Safety standards and checks. The Council expects and will ensure that, so far as is reasonably practicable, all contractors, subcontractors and their employees, comply with all relevant safety legislation, approved codes of practice and industry standards.

Contractors will:

- Comply with and understand their obligations to themselves, their subcontractors, and their workers and others under the Health and Safety at Work Act 2015 and any other relevant legislation including rules and regulations of the Council
- Notify the Council of any hazards and risks they bring on to, create, or are aware of, on site
- Be inducted before commencing work on any site and will agree to the Health and Safety policies and procedures of the Council
- Have an effective Health and Safety management system in place that includes methods for identifying and controlling risks. Any significant risks are to be reported to the Council as soon as reasonably practicable and advised in writing within seven days
- Ensure all Contractor workers and any subcontractors' engaged are suitably qualified, experienced, trained, and supervised, and all required certificates are current
- Have procedures in place for dealing with emergencies that may arise while workers are at work. The Contractor is to ensure all workers are familiar with these procedures
- Provide the Council with any documents relating to Health and Safety in relation to this contract for inspection when requested
- Lodge 'Notifiable Works' in writing to WorkSafe at least 24 hours before carrying out the work by S26 Health and Safety in Employment Regulations 2015. A copy is to be sent to the Contract Manager of the Council before commencing work
- Report all injuries, incidents and near misses occurring while working on a contract for the Council to the applicable Contract Manager as soon as possible, either by phone call or email on the day of the incident. A copy of the incident / injury report and the investigation report are required to be sent to the applicable Contract Manager within seven days
- Provide and maintain adequate first aid facilities, incident register, supplies, and qualified first-aiders
- Provide their workers with fit for purpose personal protective equipment (PPE) required to complete the work safely
- Advise Council of any changes in procedures, standards, and performance or key personnel as they occur

The Council will:

- Monitor the Contractor's activities and carry out audits and inspections periodically during the term of the contract
- Suspend work where the Council is not satisfied that all reasonably practicable steps are being taken to ensure the Health and Safety of workers in connection with the contract
- Where repeated serious breaches of contract are identified, the Council will have the discretion to terminate the contract

Declaration

By signing below the Contractor agrees:

- I have read and understood the above Contractors Health and Safety Agreement
- I accept all Health and Safety requirements detailed in these documents
- I am returning supporting documents set out in section 15 to the Council, to enable the application to proceed for pre-qualification for a period of the next two years
- I accept we may be required to provide additional information to support the application
- The information provided on this form will be collected and held by Council
- To the best of my knowledge the information given is correct

Full name:

Signature:

Date:

Position:

Please use section 15 to ensure all required attachments have been included and use section 17 to give any additional or supporting information required.

17. Additional / Supporting Information

Please clearly label each piece of additional / supporting information with the section and question number it refers to.