



Health and Safety Manual for SNAVE CONSTRUCTION

38 Grace Avenue
[Postal Address]

BP Poly Diving pool, Windermere drive
[Site Address]

Tauranga
[Town / City]

This Health and Safety Manual was developed in partnership with Occupational Safety and Health Service, Rotorua as part of OSH's Together To Zero National Strategy

Contents

- Health and Safety Policy Statement
- **Step 1: Hazard Identification and Control Procedures**
 - Hazard Register
 - Hazardous Substances Register
- **Step 2: Information and Training for Employees**
 - Employee / Induction Training Record
- **Step 3: Accident and Incident Recording, Reporting and Investigation Procedures**
 - Accident / Incident Register
 - Notice or Record of Accident / Serious Harm
 - Accident Investigation
 - OSH Branch Addresses
- **Step 4: Emergency and Evacuation Procedures**
- **Step 5: Other Persons in the Workplace**
- **Step 6: Contractors and Sub-Contractors**
 - Contractor's Agreement
- **Employee's Acknowledgement**
- **Master Copy Forms**

Health and Safety Policy Statement

SNAVE Constructions is committed to maintaining a safe and healthy working environment for the safety and health of our employees and other persons in the workplace.

Health and safety is everyone's business, and everyone is expected to share in our commitment to avoid all accidents and incidents which may cause personal injury, property damage or loss of any kind.

Every employee is expected to act safely at all times to ensure their own welfare and that of their fellow employees and others in the workplace.

We will ensure the safety of employees by:

- Providing and maintaining a safe working environment
- Providing facilities for health and safety
- Ensuring all plant and equipment is safe
- Ensuring all employees are not exposed to unmanaged or uncontrolled hazards
- Developing and implementing emergency and evacuation procedures

To achieve this we will:

1. Systematically identify and control all hazards in our workplace. Where there are significant hazards we will take all practicable steps to eliminate, isolate and or minimise these hazards to prevent any injury or damage.
2. Inform all employees of these hazards and the hazard controls.
3. Ensure all employees are properly trained and supervised.
4. Inform all employees of emergency and evacuation procedures.
5. Record all incidents and accidents in our workplace, and take all practicable steps to prevent these events from happening.
6. Carry out planned self-inspections to monitor health and safety issues.

Signed: _____

Dated: _____

SNAVE Construction Ltd

STEP 1: HAZARD IDENTIFICATION AND CONTROL PROCEDURES

It is our intention to systematically identify and control all hazards in our workplace. Where there are significant hazards we will take all practicable steps to:

Eliminate the hazard,

Isolate the hazard, OR

Minimise the hazard

Where the hazards may only be minimised, we will ensure:

- Protective clothing and equipment is provided and used by all employees, at all times necessary
- Good work practices are used and maintained
- Employees are properly trained and/or supervised
- Where appropriate, and with employee's consent, health monitoring in relation to exposure to significant hazards is undertaken
- Any new hazards identified, are incorporated into Hazard Register and all employees informed
- Any new machinery/equipment/plant/tasks/chemicals/poisons are assessed before use, and safety controls/practices are established
- All hazards and the hazard controls will be regularly assessed
- All employees are aware of emergency and evacuation procedures

ACTION: Identify all hazards in your place of work. Write these on the form, "Hazard Register".

- **TIP:** Identify all plant, machinery and equipment individually.

ACTION: Identify the "potential harm" for each hazard.

- **TIP:** Some hazards may cause a variety of harm, e.g. using a slicer may cause electrocution and cuts.

ACTION: Determine whether the hazard is a "significant hazard", i.e. can it cause serious harm?

- **TIP:** Refer to the Definition of Serious Harm in Step 3: Accident Recording, Reporting and Investigation Procedures.

ACTION: Evaluate each hazard to determine whether it is practicable to:

1. **E**liminate the hazard [Get rid of, remove the hazard], if not then
2. **I**solate the hazard [Confine, totally enclose, separate, insulate the hazard], if not, then
3. **M**inimise the hazard [Reduce, decrease, downgrade the hazard].

With all hazards you have identified, this process needs to be carried out in this order - 1, 2, or 3.

- **TIP:** Indicate on the Hazard Register form, under E, I, or M the hazard control measure. Note, that some hazards may use more than one hazard control.

ACTION: Identify Hazard Controls.

- **TIP:** Identify all machine guards, work practices or safety equipment, required to operate safely as Hazard Controls.

ACTION: Identify "Training Required" for each Hazard.

ACTION: Check that Hazard Controls and other safety requirements are in place, at regular intervals. Record date checked, on the Hazard Register.

- **TIP:** Ensure existing Hazard Controls are appropriate. Identify any new hazards including new plant and equipment.

ACTION: Identify all chemicals and hazardous substances, including safe handling and emergency procedures. Enter this information on the "Hazardous Substances Register".

- **TIP:** Obtain all Material Safety Data Sheets (MSDS's) from the supplier of chemicals or hazard substances. Keep these MSDS's with Hazardous Substances Register form.
- **TIP:** Display copies of MSDS's near to where the chemicals or hazardous substances are being used or mixed.

Hazard Register

Workplace / Location: Equipment

| Hazards Identified | Potential Harm | Significant Hazard | | E | I | M | Hazard Controls | Regular Check of Hazard Controls in Place | | | | |
|--------------------------------|--|--------------------|----|---|---|---|---|---|--------------|--------------|--------------|--------------|
| | | Yes | No | | | | | TRAINING REQUIRED ✓ | Date Checked | Date Checked | Date Checked | Date Checked |
| Electrical Equipment | Electrocution; Possibly Death | X | | | X | X | <ul style="list-style-type: none"> ■ All electrics to be checked and tagged in accordance with "In-service safety inspection and testing of electrical equipment" AS/NZS 3760:1996". (Published by NZ Standards Assn). ■ Earth leakage unit used. | ✓ | | | | |
| General - Portable Power Tools | Electrical shock; Cuts; Being hit by flying particles | X | | | X | X | <ul style="list-style-type: none"> ■ All electrics to be checked three (3) monthly, and tagged in accordance with AS/NZS 3760:1996. (Published by NZ Standards Assn). ■ Eye and hearing protection worn. ■ Earth leakage unit used. ■ All guards fitted and in working order. ■ Maintain safe work practices. | ✓ | | | | |
| Cherry Pickers | Tip over; falls; overhead power lines; traffic; public safety | X | | | X | X | <ul style="list-style-type: none"> ■ Ensure compliance with Power Elevated Working Platforms – Approved Code of Practice. ■ Current 6 month inspection (carried out by independent, competent person). ■ Current 5 or 10 year inspection (carried out by independent, competent person). ■ Full safety harness and lanyard must be worn (to AS/NZS 1891). ■ Outriggers correctly placed on level ground, and brake applied. ■ Cones & cordoning tape to isolate area around cherry picker. ■ Check no contact with overhead power lines. ■ Operator aware of safe working load. | ✓ | | | | |
| Portable Nail Gun / Staplers | Being hit by flying objects | X | | | | X | <ul style="list-style-type: none"> ■ Eye and hearing protection worn. ■ No volatile or combustible gas (including oxygen) to be used to power up tool. ■ No bump nailing (ensure gun not defective). ■ Never point in direction of any person. ■ Maintain safe work practices. | | | | | |

E = Eliminate I = Isolate M = Minimise

Hazard Register

Workplace / Location: Equipment

| Hazards Identified | Potential Harm | Significant Hazard | | E | I | M | Hazard Controls | Hazard Controls in Place | | | | |
|--------------------|---|--------------------|----|---|---|---|---|--------------------------|--------------|--------------|--------------|--------------|
| | | Yes | No | | | | | TRAINING REQUIRED | Date Checked | Date Checked | Date Checked | Date Checked |
| Scaffolding | Falls; Tip Overs | X | | | | X | <ul style="list-style-type: none"> ■ All scaffolding to be erected in accordance with Approved Code of Practice for the Safe Erection and Use of Scaffolding. ■ Scaffolding work must be notified to OSH, at least 24 hours before work commences. ■ Any part of scaffolding 5.0 metres high or more above ground level, must be erected by a person who holds a certificate of competency in scaffolding work. ■ | ✓ | | | | |
| Ramset Fastener | Being hit by flying objects; Noise; Various | X | | | x | X | <ul style="list-style-type: none"> ■ Current 6 month certificate displayed and Serial Number checked against gun. ■ Operator must hold a current certificate of competency (or under direct supervision). ■ Eyes and hearing protection to be worn. ■ Maintain safe work practices. ■ Ensure appropriate safe storage of gun and cartridges. ■ ■ | ✓ | | | | |
| Ladders | Falls; Various. | X | | | | X | <ul style="list-style-type: none"> ■ Ladder checked to ensure no loose or missing rungs. ■ Replace any damaged parts that could affect its safe operation/use of ladder. ■ Ensure ladder correctly placed, i.e. 4:1. ■ Ladder to be restrained at the top. ■ Ladder footed at base (as much as practicable). ■ Top of ladder to extend 1.0 metre above working platform. ■ Refer to Construction Bulletin No. 3. ■ ■ | | | | | |

E = Eliminate

I = Isolate

M = Minimise

Hazard Register

Workplace / Location: General Site

| Hazards Identified | Potential Harm | Significant Hazard | | E | I | M | Hazard Controls | Hazard Controls in Place | | | | |
|---------------------------------|-------------------------------------|--------------------|----|---|---|---|--|--------------------------|--------------|--------------|--------------|--------------|
| | | Yes | No | | | | | TRAINING REQUIRED | Date Checked | Date Checked | Date Checked | Date Checked |
| Demolition Work | Various | X | | X | X | X | <ul style="list-style-type: none"> ■ All demolition work to be notified to OSH at least 24 hours before work due to commence. ■ All demolition work to be done in accordance with ACOP for Demolition (OSH publication). ■ | ✓ | | | | |
| Heights of more than 3.0 metres | Falls; Being hit by falling objects | X | | | X | X | <ul style="list-style-type: none"> ■ Means provided to prevent fall. ■ Refer to Fall Prevention Guidelines (published by OSH). ■ Consider use of mobile or fixed scaffolding, edge protection with safety netting, individual fall arrest systems. ■ Only trained operators or those under direct supervision to operate (if machinery involved). ■ Emergency rescue procedures established, and practised. ■ Area below height work area to be cordoned off. ■ Hard hats to be worn by all employees working underneath height work. ■ Cherry picker used must be done in accordance with ACOP for Power-Operated Elevating Work Platforms. ■ Refer to Construction Bulletins, No.'s 1 & 2. ■ ■ ■ | ✓ | | | | |
| | | | | | | | <ul style="list-style-type: none"> ■ ■ ■ ■ ■ ■ | | | | | |

E = Eliminate

I = Isolate

M = Minimise

Hazard Register

Workplace / Location: General Site

| Hazards Identified | Potential Harm | Significant Hazard | | E | I | M | Hazard Controls | Hazard Controls in Place | | | | |
|------------------------------------|----------------|--------------------|----|---|---|---|--|--------------------------|--------------|--------------|--------------|--------------|
| | | Yes | No | | | | | TRAINING REQUIRED | Date Checked | Date Checked | Date Checked | Date Checked |
| Other People in the Place of Work | | | | | | | <ul style="list-style-type: none"> ■ Suitable hoarding. ■ Warning signs, "Hazardous Area, No Unauthorised Entry". ■ Illumination of hazard areas. ■ High visibility clothing and helmet (where required) must be worn. ■ | | | | | |
| Housekeeping | | | | | | | <ul style="list-style-type: none"> ■ Rubbish removed regularly. ■ Delivery of products/materials on site. ■ Safe work areas. ■ Designated storage areas. ■ Safe access and egress to site for all employees. ■ Rigid policy on de-nailing timber. ■ | | | | | |
| Facilities | | | | | | | <ul style="list-style-type: none"> ■ Kept clean and tidy. ■ Rubbish bin with lid. ■ Hot and cold water. ■ | | | | | |
| Ventilation | | | | | | | <ul style="list-style-type: none"> ■ Sufficient fresh air. ■ Adequate means of extraction of contaminated air / steam / dust. ■ | | | | | |
| Contractors and/or Sub-contractors | | | | | | | <ul style="list-style-type: none"> ■ Ensure preferred contractors maintain health and safety standards. ■ | | | | | |
| First Aid Kit | | | | | | | <ul style="list-style-type: none"> ■ Ensure first aid kit is kept accessible. ■ Ensure kit is stocked and maintained in accordance with First Aid Regulations. ■ | | | | | |
| Accident Register | | | | | | | <ul style="list-style-type: none"> ■ Are all accidents/incidents recorded in the register? ■ Communication system available and working (in case of emergency). ■ | | | | | |

E = Eliminate

I = Isolate

M = Minimise

Hazard Register

Workplace / Location: General Site

| Hazards Identified | Potential Harm | Significant Hazard | | E | I | M | Hazard Controls | Hazard Controls in Place | | | | |
|------------------------------|--------------------------------------|--------------------|----|---|---|---|---|--------------------------|--------------|--------------|--------------|--------------|
| | | Yes | No | | | | | TRAINING REQUIRED | Date Checked | Date Checked | Date Checked | Date Checked |
| Working on the Roads | Various | X | | | X | X | <ul style="list-style-type: none"> ■ Ensure compliance with "Working on the Roads" booklet (published by Transit NZ). ■ Road safety plan in place. ■ Hi-viz vests/jackets to be worn. ■ Safety footwear required. ■ Refer to Bulletin on "Working on the Roads". ■ | ✓ | | | | |
| Trenches and Excavation Work | Cave in; collapse; public safety | X | | X | X | X | <ul style="list-style-type: none"> ■ Notified to OSH at least 24 hours prior to commencement of job. ■ Refer to "Excavation and Shafts for Foundations" Approved Code of Practice. ■ Complete fill holes or trenches. ■ Ensure adequate shoring or bracing to prevent cave in or collapse. ■ | ✓ | | | | |
| Earthmoving Machinery | Fatal; run over; roll over; tip over | X | | | X | X | <ul style="list-style-type: none"> ■ Right machine for right job. ■ Ensure operator has appropriate training and experience for machine used. ■ Protective structure fitted (complies with Operator Protective Structure – Approved Code of Practice). ■ Ensure proper site and ground assessment of soil; and stability for machine used. ■ Hi-viz vest / jacket; safety footwear and hearing protection to be worn. ■ Ensure adequate visibility of machine from operator's cabin. ■ Ensure no unauthorised entry into working area of machine. ■ Ensure machine is adequately maintained, i.e. brakes, hydraulics etc. | ✓ | | | | |
| | | | | | | | <ul style="list-style-type: none"> ■ ■ ■ | | | | | |

E = Eliminate

I = Isolate

M = Minimise

STEP 2: INFORMATION AND TRAINING FOR EMPLOYEES

Employee's Responsibilities

Every employee shall take all practicable steps to ensure:

- ✿ Their own safety while at work; and
- ✿ That no action or inaction of the employee while at work, causes harm to any other person(s).

No untrained employees will be permitted to perform any task, operate any machinery, or deal with any substance or material without prior experience (unless closely supervised by some with such experience).

All employees are to be aware of:

- ✿ The hazards they will be exposed to in the workplace, and the hazard controls or procedures to be taken to prevent any harm or damage to themselves, other person(s) and property.
- ✿ What to do in an emergency.
- ✿ Where all necessary safety gear or safety equipment and materials are kept.

To ensure that we are complying and maintaining this system, we will:

1. Ensure new, and existing staff read and understand this Manual.
2. Ensure Manual is available and accessible to all new, and existing employees.
3. Review this Manual at least annually, or as need be.
4. Maintain records to ensure all staff have read and understood this Manual.

ACTION: Ensure all employees read and understand the Safety Manual, and sign and date "Employee's Acknowledgement" form, at the back of the Safety Manual.

ACTION: Advise employees of all hazards that they may be exposed to. Ensure they understand all the hazard controls, including appropriate personal protective clothing and equipment (PPE), and where it is kept.

ACTION: Transfer all hazards from the “Hazard Register” that require training to the individual “Employee’s Induction / Training Record” form. Date when training occurred and have both the trainer and trainee sign form.

- **TIP:** No employees are to operate any plant or equipment, or undertake any activity unless properly trained and/or supervised.

ACTION: Verify competencies of all employees and sign off on “Employee’s Induction/Training Record” form.

ACTION: Ensure all employees are aware of the emergency and evacuation procedures. Refer to Step 4.

Employee Induction / Training Record

Employee's Name: _____

Started on: _____

| I N D U C T I O N | | | |
|---|--------------------------|----------------|----------------|
| | Date Induction Completed | Trainee Signed | Trainer Signed |
| Introduction | | | |
| Safety Rules | | | |
| Hazards and Emergencies | | | |
| Accident and Incident Reporting and Recording | | | |
| | | | |
| | | | |
| | | | |

| T R A I N I N G | | | | | | |
|---------------------------------|------|----------------|----------------|-----------------|----------------|----------------|
| Under Training | | | | Fully Competent | | |
| | Date | Trainee Signed | Trainer Signed | Date | Trainee Signed | Trainer Signed |
| Electrical Equipment | | | | | | |
| Portable Power Tools | | | | | | |
| Ramset Fastener | | | | | | |
| Demolition Work | | | | | | |
| Heights of more than 3.0 metres | | | | | | |
| Cherry Pickers | | | | | | |
| Excavation and Trench work | | | | | | |
| Working on the Roads | | | | | | |
| Earthmoving Machinery | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

UNDER TRAINING means: Received instruction on safety rules and hazards including safe operating procedures & practices. Must work under supervision.

FULLY COMPETENT means: Fully trained and able to operate unsupervised.

STEP 3: ACCIDENT AND INCIDENT RECORDING, REPORTING AND INVESTIGATION PROCEDURES

- All accidents and incidents must be notified to the Manager or Supervisor immediately. If any accident or incident is not notified on the day it happens, then it may not be accepted as a work related injury.
- Do not disturb the scene!
- All accidents and incidents must be recorded on the Accident / Incident Register included in this Safety Manual.
- All serious harm accidents to any employee(s) are to be notified to OSH as soon as possible. (Refer to list of OSH Addresses and Phone Numbers).
- A "Notice or Record of Accident/Serious Harm" form, is to be forwarded to the nearest OSH Office within seven (7) days of the event.
- Inform all employees of the outcome of the accident/incident investigation, i.e. new hazard identified and the hazard controls.

ACTION: Ensure all staff are aware of the correct procedures for notification of serious harm accidents. Particularly notification to OSH as soon as possible, and not disturbing the scene (with exceptions), until released by an Inspector.

- **TIP:** Transfer any new identified hazards and hazard controls into the Hazard Register.

ACTION: Investigate all accidents and incidents (or near misses). Incidents (or near misses) are often an indicator of potential harm.

DEFINITION OF SERIOUS HARM

1. Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function:
 - respiratory disease
 - noise-induced hearing loss
 - neurological disease
 - cancer
 - dermatological disease
 - communicable disease
 - musculoskeletal disease
 - illness caused by exposure to infected material
 - decompression sickness
 - poisoning
 - vision impairment
 - chemical or hot metal burn of eye
 - penetrating wound of eye
 - bone fracture
 - laceration
 - crushing
2. Amputation of body part.
3. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
4. Loss of consciousness from lack of oxygen.
5. Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation, or ingestion, of any substance.
6. Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harms occurrence.



Notice of accident / serious harm

Check that the details on this copy are complete and

DEPARTMENT OF
LABOUR

1 Particulars of employer: (Business name and address)

| |
|--|
| |
| |
| |

2 Location of place of work:

| |
|--|
| |
| |

Shop, shed, unit no, floor, building; Street no and name; Locality / suburb

3 Personal data of injured person:

| | |
|---------------------|--|
| Name | |
| Residential address | |
| | |

Date of birth Sex (M/F)

4 Occupation or job title of injured person:

| |
|--|
| |
|--|

5 Period of employment of injured person:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> 1 st week | <input type="checkbox"/> 1 st month | <input type="checkbox"/> 1-6 months |
| <input type="checkbox"/> 6 months-1 year | <input type="checkbox"/> 1-5 years | <input type="checkbox"/> Over 5 years |
| <input type="checkbox"/> non-employee | | |

6 Treatment of injury:

- Nil First-aid Doctor (not hospitalised)
 Hospitalised

7 Time and date of accident/serious harm:

Time am/pm

Date

Shift Day Afternoon Night

Hours worked since arrival at work

8 Mechanism of accident/serious harm:

- | | |
|---|--|
| <input type="checkbox"/> Fall, trip or slip | <input type="checkbox"/> Hitting objects with part of the body |
| <input type="checkbox"/> Sound or pressure | <input type="checkbox"/> Being hit by moving objects |
| <input type="checkbox"/> Body stressing | <input type="checkbox"/> Heat, radiation or energy |
| <input type="checkbox"/> Biological factors | <input type="checkbox"/> Chemicals or other substances |
| <input type="checkbox"/> Mental stress | |

Completed by: Employer or employer's representative (delete which is not applicable)

Name and position

9 Agency of accident/serious harm:

- Machinery or (mainly) fixed plant
- Mobile plant or transport
- Powered equipment, tools or appliances
- Non-powered handtools, appliances and equipment
- Chemical or chemical products
- Material or substance
- Environmental agency
- Animal, human or biological agency (not bacteria or virus)
- Bacterial or virus

10 Body part:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Neck | <input type="checkbox"/> Trunk |
| <input type="checkbox"/> Upper limb | <input type="checkbox"/> Lower limbs | <input type="checkbox"/> Multiple locations |
| <input type="checkbox"/> Systemic (internal organs) | | |

11 Nature of injury or disease: (specify all)

- | | |
|--|---|
| <input type="checkbox"/> Fracture of spine | <input type="checkbox"/> Puncture wound |
| <input type="checkbox"/> Other fractures | <input type="checkbox"/> Poisoning and 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 |
| <input type="checkbox"/> Amputation, incl. 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 cord | <input type="checkbox"/> Mental disorder |
| <input type="checkbox"/> Occupational hearing loss | |
- Fatal

12 Where and how did the accident/harm happen?

If not enough room, attach separate sheet or sheets

See attached sheet

13 Has an investigation been carried out?

Was a significant hazard involved?

Yes/No

Yes/No

Signature Date

OSH Branch Addresses

MANUKAU

12 Lambie Drive
Manukau
PO Box 63010
Papapotoetoe South
AUCKLAND

Phone: (09) 277-7415
Fax: (09) 277-7394

WHANGAREI

Manaia House
Corner Rathbone and Dent Streets
PO Box 141
WHANGAREI

Phone: (09) 438-0552
Fax: (09) 438-4874

WEST AUCKLAND

Westgate Business Estate
5 Pinot Lane
Massey
PO Box 15348
New Lynn
AUCKLAND

Phone: (09) 833-5651
Fax: (09) 833-5157

PENROSE

638 Great South Road
Penrose
PO Box 11177
Ellerslie
AUCKLAND

Phone: (09) 525-0268
Fax: (09) 525-0372

NORTH HARBOUR

5 Argus Place
Glenfield
PO Box 33790
Takapuna
AUCKLAND

Phone: (09) 443-3460
Fax: (09) 443-4246

HAMILTON

93 Collingwood Street
Private Bag MBE 433
HAMILTON

Phone: (07) 838-1381
Fax: (07) 838-0054

ROTORUA

First Floor
Legal Chambers Building
1231 Haupapa Street
PO Box 2428
ROTORUA

Phone: (07) 347-9656
Fax: (07) 346-0229

TAURANGA

Durham Court
148 Durham Street
PO Box 66
TAURANGA

Phone: (07) 578-2090
Fax: (07) 577-6396

PALMERSTON NORTH

267 Broadway Avenue
PO Box 241
PALMERSTON NORTH

Phone: (06) 359-1919
Fax: (06) 359-1431

NEW PLYMOUTH

97 Gill Street
PO Box 342
NEW PLYMOUTH

Phone: (06) 758-0516
Fax: (06) 757-8166

NAPIER

6 Taradale Road
PO Box 546
NAPIER

Phone: (06) 835-7017
Fax: (06) 835-7102

WELLINGTON

Fifth Floor
Ballantrae House
192 Willis Street
PO Box 27463
WELLINGTON

Phone: (04) 385-7771
Fax: (04) 382-9159

LOWER HUTT

Woburn House
40 - 44 Bloomfield Terrace
PO Box 30556
LOWER HUTT

Phone: (04) 566-8962
Fax: (04) 566-7363

NELSON

60 Vickerman Street
PO Box 5079
PORT NELSON

Phone: (03) 546-8180
Fax: (03) 546-8136

CHRISTCHURCH NORTH

Carter House
81 Lichfield Street
PO Box 22165
CHRISTCHURCH

Phone: (03) 366-5500
Fax: (03) 365-2616

DUNEDIN

392 Hillside Road
South Dunedin
PO Box 537
DUNEDIN

Phone: (03) 455-0855
Fax: (03) 455-6680

INVERCARGILL

Victoria House
70 Victoria Street
PO Box 548
INVERCARGILL

Phone: (03) 218-2126
Fax: (03) 218-2152

HEAD OFFICE - CNS³

WELLINGTON
Fourth Floor
Aurora House
62 - 66 The Terrace
PO Box 3705
WELLINGTON

Phone: (04) 915-4317
Fax: (04) 915-4640

OSH WEB SITE ADDRESS

<http://www.osh.dol.govt.nz>

STEP 4: EMERGENCY AND EVACUATION PROCEDURES

In the event of any emergency, or natural disaster, the following will happen:

1. Prevention of harm to all persons on site.
2. Raise the alarm.
3. Contact Emergency Services on 111 (as required).
4. Do not put yourself or anyone else at any unnecessary risk!
5. Evacuate from building or area.
6. Assemble all personnel at THE PARKING ARIA INFRONT OF THE SITE OFFICE.
7. Check all persons are accounted for.

We will ensure fire drills and evacuation procedures are practised at least annually.

ACTION: Establish a safe designated assembly area.

- **TIP:** Check with your local Fire Service if further assistance required.

ACTION: Conduct an evacuation drill, annually.

- **TIP:** Show date of evacuation drill completed, on Hazard Register.

STEP 5: DUTIES TO “OTHERS IN THE WORKPLACE”

We have a duty to ensure the following persons are NOT HARMED:

- People in the vicinity of the workplace
- People who are lawfully at work
- People who are in the place with express or implied consent, and have paid to be here, or are buying or inspecting goods

We have a duty to ensure the following persons are advised of any significant hazards that we would not reasonably expect to find on our premises:

- Persons who are authorised to be here
- Persons who are on site under the authority of an Act, e.g. TrustPower, OSH, ACC

We do not have a duty to:

- Trespassers
- Persons on site solely for recreation or leisure (providing they were not authorised to be here)

ACTION: Define areas where entry restrictions apply.

- **TIP:** Display conspicuous sign, e.g. “No unauthorised entry”.

STEP 6: CONTRACTORS AND SUB-CONTRACTORS

From time to time we may be a “principal”. A principal “means a person who or that engages any person (otherwise than as an employee) to do any work for gain or reward.”

As a principal, we are required to take all practicable steps for a contractor’s safety (and the safety of any employees of that contractor).

To achieve this, all contractors will be advised of:

1. All specific hazards they may be exposed to, and the hazard controls, whilst the contractor is undertaking work on our premises.
2. Emergency and evacuation procedures.

Our policy is that:

- Contractors shall be informed they are responsible for any hazards that they may create while on our premises; and;
- The contractors must provide documentation to confirm they have complied with their own responsibilities under the Health and Safety in Employment Act 1992;
- Ensure the following is given to all contractors / sub-contractors:
 1. Letter to Contractor / Sub-contractor;
 2. Safety Requirements for Contractors;
 3. Conditions of Contract;

ACTION: Write to all ‘regular’ contractors to advise them of standards to be met. Refer to “Contractor’s Agreement”.

- **TIP:** Send two copies of ‘Contractor’s Agreement’. Ensure one copy is signed and returned by contractor/sub-contractor, with a copy of their Health and Safety Management Plan/Manual.
- **TIP:** Make a list of your preferred contractors. (A preferred contractor is one who meets all the health and safety requirements).
- **TIP:** Review preferred contractors annually.

Contractor's Agreement

Date

Dear _____

re: **CONTRACT FOR** _____

To comply with the Health and Safety in Employment Act 1992, we require all contractors who wish to tender for contracts or maintain a service agreement/remain a preferred contractor/supplier to provide the following information:

1. Health and Safety Management Plan that includes:
 - Safety policy;
 - Hazards and the hazard controls; and
 - Accident reporting procedures
2. Contractors are reminded that all work is subject to the provisions of the Health and Safety in Employment Act 1992. In particular:
 - Contractors are to comply with all regulations, enactments, codes of practice (approved or voluntary) applying to the trade or profession within which they operate;
 - We, as the Principal, are to be advised of any and all hazardous plant, equipment, machinery or substances which are brought into the workplace;
 - All people utilised are fully trained in the work to be undertaken or are closely supervised by someone who is.
 - Any accident or incident which harms or may have harmed any person in the workplace, in addition to being recorded and notified as required under Section 25 of the Health and Safety in Employment Act 1992, are to be reported to Us, as the Principal.
 - All safety clothing/equipment required to minimise the risk of injury is to be provided for, accessible to and used by any person engaged in the workplace.
3. Before commencing work on our premises, all contractors must ensure that nay employees of the contractor, subcontractors on our premises, or if an individual, they are conversant with:
 - Emergency procedures (to be followed in the event of an emergency);
 - Safety rules and procedures;
 - Hazards which have been identified, and the hazard controls.
4. We as the Principal to the contract, retain the right to inspect the contract operation at any time, to ensure all safety procedures and rules are being followed. Failure to follow such rules and procedures may result in the contract being terminated immediately.

I agree to abide by all the above conditions, on behalf of:

Contractor's Name:

Contractor's Signature:

Date:

Contact Phone / Fax Number(s):

Sign the attached copy and return with your Health and Safety Management Plan / Manual.

Employee Acknowledgement

I have read and understand, this Health and Safety Manual. In particular:

- Hazards I may be exposed to (including hazard control measures);
- Accident / Incident reporting requirements; and
- Emergency procedures.

Signed: _____

Date: _____

Name: _____

Position: _____

.....
Signed: _____

Date: _____

Name: _____

Position: _____

.....
Signed: _____

Date: _____

Name: _____

Position: _____

.....
Signed: _____

Date: _____

Name: _____

Position: _____

.....
Signed: _____

Date: _____

Name: _____

Position: _____

.....
Signed: _____

Date: _____

Name: _____

Position: _____

MASTER FORMS

The following forms should be used for photocopying only:

- Hazard Register
- Hazardous Substances Register
- Employee Induction / Training Record
- Accident / Incident Register
- Notice or Record of Accident / Serious Harm
- Accident Investigation
- Contractor's Agreement
- Employee Acknowledgement
- List of Publications
- Publication Order Form
- Notification of Particular Hazardous Work

Hazard Register

Workplace / Location: _____

| Hazards Identified | Potential Harm | Significant Hazard | | E | I | M | Hazard Controls | Hazard Controls in Place | | | | |
|--------------------|----------------|--------------------|----|---|---|---|-----------------|--------------------------|--------------|--------------|--------------|--------------|
| | | Yes | No | | | | | TRAINING REQUIRED | Date Checked | Date Checked | Date Checked | Date Checked |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |
| | | | | | | | ■ | | | | | |

E = Eliminate

I = Isolate

M = Minimise



Notice of accident / serious harm

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

DEPARTMENT OF
L|A|B|O|U|R
T E T A R I M A H I

1 Particulars of employer: (Business name and address)

| |
|--|
| |
| |
| |

2 Location of place of work:

| |
|--|
| |
| |

Shop, shed, unit no, floor, building; Street no and name; Locality / suburb

3 Personal data of injured person:

Name

Residential address

Date of birth Sex (M/F)

4 Occupation or job title of injured person:

| |
|--|
| |
|--|

5 Period of employment of injured person:

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

6 Treatment of injury:

- Nil First-aid Doctor (not hospitalised)
 Hospitalised

7 Time and date of accident/serious harm:

Time am/pm

Date

- Shift Day Afternoon Night

Hours worked since arrival at work

8 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

Completed by: Employer or employer's representative (delete which is not applicable)

Name and position Signature Date

9 Agency of accident/serious harm:

- Machinery or (mainly) fixed plant
 Mobile plant or transport
 Powered equipment, tools or appliances
 Non-powered handtools, appliances and equipment
 Chemical or chemical products
 Material or substance
 Environmental agency
 Animal, human or biological agency (not bacteria or virus)
 Bacterial or virus

10 Body part:

- Head Neck Trunk
 Upper limb Lower limbs Multiple locations
 Systemic (internal organs)

11 Nature of injury or disease: (specify all)

- Fatal
 Fracture of spine Puncture wound
 Other fractures Poisoning and toxic effects
 Dislocation Multiple injuries
 Sprain or strain Damage to artificial aid
 Head injury Disease, nervous system
 Internal injury of trunk Disease, musculoskeletal
 Amputation, incl. eye Disease, skin
 Open wound Disease, digestive system
 Superficial injury Disease, infectious or parasitic
 Bruising or crushing Disease, respiratory system
 Foreign body Disease, circulatory system
 Burns Tumour (malignant or benign)
 Nerves or spinal cord Mental disorder
 Occupational hearing loss

12 Where and how did the accident/harm happen?

If not enough room, attach separate sheet or sheets
See attached sheet

- 13 Has an investigation been carried out?** Yes/No
 Was a significant hazard involved? Yes/No

Contractor's Agreement

Date

Dear _____

re: **CONTRACT FOR** _____

To comply with the Health and Safety in Employment Act 1992, we require all contractors who wish to tender for contracts or maintain a service agreement/remain a preferred contractor/supplier to provide the following information:

1. Health and Safety Management Plan that includes:
 - Safety policy;
 - Hazards and the hazard controls; and
 - Accident reporting procedures

2. Contractors are reminded that all work is subject to the provisions of the Health and Safety in Employment Act 1992. In particular:
 - Contractors are to comply with all regulations, enactments, codes of practice (approved or voluntary) applying to the trade or profession within which they operate;
 - We, as the Principal, are to be advised of any and all hazardous plant, equipment, machinery or substances which are brought into the workplace;
 - All people utilised are fully trained in the work to be undertaken or are closely supervised by someone who is.
 - Any accident or incident which harms or may have harmed any person in the workplace, in addition to being recorded and notified as required under Section 25 of the Health and Safety in Employment Act 1992, are to be reported to Us, as the Principal.
 - All safety clothing/equipment required to minimise the risk of injury is to be provided for, accessible to and used by any person engaged in the workplace.

3. Before commencing work on our premises, all contractors must ensure that nay employees of the contractor, subcontractors on our premises, or if an individual, they are conversant with:
 - Emergency procedures (to be followed in the event of an emergency);
 - Safety rules and procedures;
 - Hazards which have been identified, and the hazard controls.

4. We as the Principal to the contract, retain the right to inspect the contract operation at any time, to ensure all safety procedures and rules are being followed. Failure to follow such rules and procedures may result in the contract being terminated immediately.

I agree to abide by all the above conditions, on behalf of:

Contractor's Name:

Contractor's Signature:

Date:

Contact Phone / Fax Number(s):

Sign the attached copy and return with your Health and Safety Management Plan / Manual.

Employee Acknowledgement

I have read and understand, this Health and Safety Manual. In particular:

- ✿ Hazards I may be exposed to (including hazard control measures);
- ✿ Accident / Incident reporting requirements; and
- ✿ Emergency procedures.

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

List of Publications

| <u>Title of Publication</u> | <u>Cost (incl. GST)</u> |
|---|--------------------------------|
| Accident Register | \$16.00 |
| Agriculture Guidelines | \$10.00 |
| Arboriculture - Approved Code of Practice - Part 1 | \$10.00 |
| Armed Robbery | \$10.00 |
| Boilers - Approved Code of Practice | \$10.00 |
| Chronic Organic Solvent Neurotoxicity - Diagnostic Criteria | \$10.00 |
| Commercial and Industrial Premises Guidelines | \$10.00 |
| Confined Spaces - Safe Working in (Folder) | \$10.00 |
| Construction Industry Guidelines | \$10.00 |
| Cranes and Lifting Appliances - Approved Code of Practice | \$10.00 |
| Cytotoxic Drugs and Related Waste - Guidelines for the Safe Handling of | \$10.00 |
| Dairy Industry Spray Drying Plant - Approved Code of Practice for New Zealand | \$10.00 |
| Demolition - Approved Code of Practice | \$10.00 |
| Electroplating - Approved Code of Practice in the Safe Use of | \$10.00 |
| Excavation and Shafts for Foundations - Approved Code of Practice | \$10.00 |
| Forest Operations - Approved Code of Practice for Safety and Health in | \$15.00 |
| Forestry Work Guidelines | \$10.00 |
| Glutaraldehyde in the Health Industry - Safe Occupational use of | \$10.00 |
| Health and Safety in Employment Act 1992 | \$5.35 |
| Health and Safety in Employment Amendment 1993, No. 56 | \$1.65 |
| Health and Safety in Employment (Prescribed Matters) Regulations 1993 | \$2.30 |
| Health Care Industry Guidelines | \$10.00 |
| Industrial Accidents - Approved Code of Practice for Managing Hazards to Prevent Major | \$10.00 |
| Isocyanates - Approved Code of Practice for the Safe Use of | \$10.00 |
| Lead Workers - Guidelines for Medical Surveillance of | \$10.00 |
| Machinery Guidelines | \$10.00 |
| Maintenance of Trees Around Power Lines - Approved Code of Practice | \$10.00 |
| Machinery Guidelines | \$10.00 |
| Management of Substances Hazardous to Health (MOSHH) - Approved Code of Practice | \$20.00 |
| Management of Substances Hazardous to Health (MOSHH) - Kit | \$30.00 |
| Noise in the Workplace - Approved Code of Practice for the Management of | \$10.00 |
| Occupational Asthma - A Guide to the Management of | \$10.00 |
| Occupational Skin Disease - A Guide to | \$10.00 |
| Operator Protective Structure - Approved Code of Practice for | \$15.00 |
| Organic Solvents - Practical Guidelines for the Safe Use of | \$10.00 |
| Operator Protective Structure - Approved Code of Practice for | \$15.00 |
| Paint, Printing Inks and Resins - Approved Code of Practice for Manufacture of | \$10.00 |
| Pocket Ergonomist - Industrial / Retail | \$5.00 |
| Powder-actuated Hand-held Fastening Tools - Approved Code of Practice for | \$10.00 |
| Power Operated Elevating Work Platforms - Approved Code of Practice for | \$10.00 |
| Powered Industrial Lift Trucks (Forklifts) - Approved Code of Practice for Training Operators and Instructors | \$10.00 |
| Pressure Equipment, Cranes, and Passenger Rope-ways - Approved Code of Practice for | \$25.00 |
| Scaffolding - Approved Code of Practice for the Safe Erection and Use of | \$10.00 |
| Solar Ultra Violet Radiation - Guideline Notes for the Protection of Workers from | \$10.00 |
| Stress and Fatigue in the Workplace | \$20.00 |
| Sulphur Fires and Explosions - Approved Code of Practice for the Prevention of | \$10.00 |
| Synthetic Mineral Fibres - Guidelines for the Selection of Safe Handling of | \$10.00 |
| Temperatures in Places of Work (Folder) | \$10.00 |
| Timber Preservatives and Antisapstain Chemicals - Approved Code of Practice | \$10.00 |
| Timber Stacking, Packaging and Transportation - Approved Code of Practice | \$10.00 |
| Violence at Work | \$10.00 |
| Visual Display Units - Approved Code of Practice | \$10.00 |
| Visual Display Units - Approved Code of Practice | \$10.00 |
| Visual Display Units - Kit | \$20.00 |
| Woodworking Machinery Guidelines | \$10.00 |
| Workplace Exposure Standards (Effective from 1994) | \$10.00 |



GST No. 14-290-427

PUBLICATION ORDER FORM

Name: _____ Position: _____
 Organisation: _____ Purchase Order Number: _____
 Postal Address: _____ Site Address: _____

 Phone: _____ Fax: _____

PUBLICATIONS REQUIRED

| Title | No. of Copies | Cost per Unit | Total Cost |
|---|------------------------------|---------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| A charge for postage and handling will apply. | TOTAL (includes GST): | | |

Signed: _____ Date: _____

| |
|--|
| Office Use Only. Order Actioned: Initial: _____ |
|--|

Fax / Mail order to: Occupational Safety and Health Service
 Department of Labour
 PO Box 3705
 WELLINGTON
 Fax: (04) 915-4640
 Internet site: <http://www.osh.dol.govt.nz>

Attention: OSH Information Centre

✂ -----

Payment: Please tick preferred method.

Please Invoice:
 Credit Card Payment: American Express Diners MasterCard Visa

Credit Card Expiry Date: _____ Cardholder's Signature: _____

To receive a list of publications available, please tick:

(In accordance with the Privacy Act 1995, the information provided will only be used for the purpose of providing the publication(s) or information requested).