

Contractor Pre-qualification (CPQ)

PCBU name:

Contact name:

Contact number:

Contact email:

Type of work engaged to do:

Health and safety policy

1. Is your health and safety policy signed by management and reviewed at least every two years? Yes No
2. Have you attached a copy of your signed policy? Yes No
3. Has your policy been read and understood by all your workers? Yes No

Health and safety procedures

4. Does your company have documented procedures to cover the following Health and safety areas?
Provide evidence where requested.

	Copy Supplied	
4.1 Worker engagement and communication? Supply copy of a recently completed toolbox meeting form or similar.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Hazard identification and risk management? Supply copy of a recently completed Hazard Identification and Risk assessment form or similar.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Information, training and supervision? Supply copy of your Training Register.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Monitor and review? Supply copy of a recently completed site review form or similar.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Hazardous substances? Supply copy of your Hazardous Substances Register.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6 Event reporting and investigation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.7 Emergency planning and procedures?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.8 Safe plant and equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4.9 Personal Protective Equipment?

Yes No

4.10 Health monitoring?

Yes No

Contract workers (subcontractors)

5. Will you be employing contract workers for the work being completed?

Yes No

5.1 If answered YES - have you completed a pre-qualification of the contract worker's health and safety system?

Yes No

High risk work

6. Will you be carrying out any high risk work? eg working at heights, roofing, concrete pumping, electrical work, asbestos etc.

Yes No

6.1 If YES, provide a Task Analysis or similar along with the relevant documentation.

Yes No

Notifiable Work

7. We have notifiable works associated with our work?

Yes No

7.1 If YES, we understand we have to notify WorkSafe NZ of any notifiable work 24 hrs prior to the start of the work and will do so on prescribed form. Provide a copy of the completed form.

Yes No

Health and safety status confirmation (choose the correct statement)

We **do not have the appropriate** health and safety system or procedures in place and we require assistance to address our duties:

Authorised signature:

Authorised name:

Job title:

Date:

We **do have the appropriate** health and safety system or procedures in place. This questionnaire is a true and accurate representation of the health and safety we have in place:

Authorised signature:

Authorised name:

Job title:

Date: