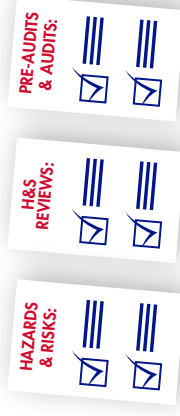


# What else do you need?

## Hazards ID & Reviews

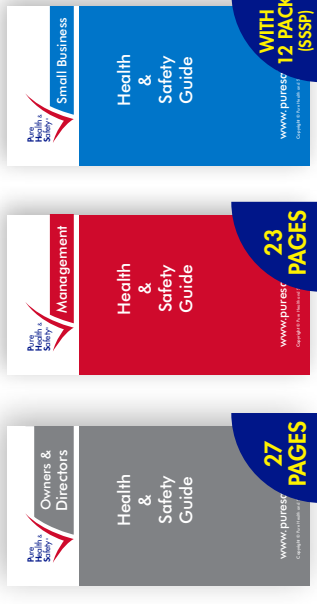


Know  
your  
Hazards  
& Risks

Know  
what is  
needed

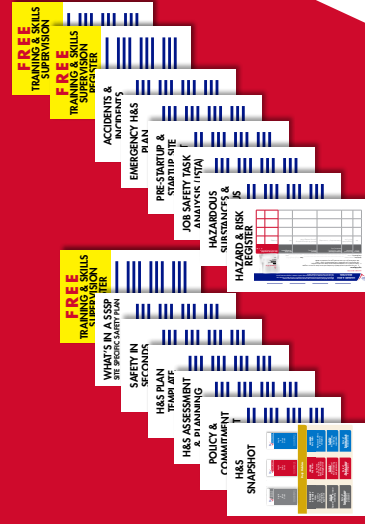
Your  
Extensive  
H&S Audit

## The 'How To' H&S Guides



*Congratulations on  
purchasing your*

# HEALTH & SAFETY SMART START 12 PACK (Kit)



## Easy to use H&S Software options



- ✓ Directors/Boards
- ✓ Management
- ✓ Online H&S Sessions
- ✓ Getting up-to-date

## Basic & Advanced Software

Online H&S systems for ALL business sizes

**Package options:** To fit your needs

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# STEP BY STEP HEALTH & SAFETY PLANNING

Ensure you &  
key personnel  
do our online  
H&S session

[www.puresafety.co.nz](http://www.puresafety.co.nz)

1	Know your H&S legal duties and responsibilities	✓
<b>Check out</b> the Pure Health & Safety Online Session OR ask us to provide a workshop		
2	Know all your workplace Hazards & Risks	✓
<b>Undertake</b> or get a Health & Safety Review, Identify Hazards and Assess Risks		
3	Develop your Policy and Commitment Statements	✓
<b>Use</b> the Smart Start 12 Pack (paper based) system - See Form SS2 OR Use our Online H&S cloud based system		
4	Develop your Health & Safety Plan	✓
<b>Undertake</b> a Health & Safety Review (to know what's needed)		
<b>Hold</b> a Health & Safety Workshop		
<b>Use</b> the Smart Start 12 Pack (paper based) system - See Form SS4 OR Use our Online H&S cloud based system		
5	Involve/engage your workers and communicate the H&S Plan	✓
6	Ensure workers are Health & Safety trained	✓
7	Allocate resources and Implement your Plan	✓
8	Monitor and Review your Health & Safety	✓
<b>Keep</b> your Health & Safety updated by doing regular H&S Reviews		
9	Make improvements to your H&S whenever needed	✓
10	Make sure everyone knows what the improvements are	✓
11	Use a quality Health & Safety Management System	✓
<b>Use the</b> Smart Start 12 Pack (paper based) system OR Use our Online H&S cloud based system		

VISIT OUR WEBSITE TO ORDER HEALTH & SAFETY PRODUCTS, SERVICES & INFO:

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# YOUR SMART START PACK

These items are designed to help make your health & safety planning easier.

Here's what you get in a:

## CONTENTS OF THIS 12 PACK (This includes items 1 to 15)

**12 PACK**  
**53 PAGES**

### Form No.

- |      |  |                      |
|------|--|----------------------|
| SS1  | 1. A Health & Safety Snapshot                                    |                      |
| SS2  | 2. Health & Safety Policy & Commitment Statements (& Examples)   |                      |
| SS3  | 3. Health & Safety Hazard and Risk Assessment Guide              |                      |
| SS4  | 4. Health & Safety Plan  |                      |
| SS5  | 5. Safety in Seconds - Safety Briefing (Worksheet with Example)  |                      |
| SS6  | 6. What's in a Site Specific Safety Plan (SSSP)                  |                      |
| SS7  | 7. Managing Hazards & Risks                                      | <b>FREE<br/>GIFT</b> |
| SS8  | 8. Hazard & Risk Assessment Registers & Guide                    |                      |
| SS9  | 9. Hazardous Substances, Dangerous Goods & Maintenance Registers |                      |
| SS10 | 10. Job Safety Task Analysis (JSTA) Guide                        |                      |
| SS11 | 11. Startup Checklists   |                      |
| SS12 | 12. Emergency Health & Safety Plan                               |                      |
| SS13 | 13. Accidents and Incidents Pack                                 |                      |
| SS14 | 14. Training & Skills Supervision Register                       | <b>FREE<br/>GIFT</b> |
| SS15 | 15. Site Induction Register and Site Register                    | <b>FREE<br/>GIFT</b> |

FOR MORE INFORMATION PLEASE SEE OVER 

## WHAT'S IN YOUR SMART START 12 PACK

### The Smart Start 12 Pack includes:

#### **Form SS1 - A Health & Safety Snapshot**

Provides a straightforward description of who the new three duty holders are, under the new Health & Safety law. This should help you identify where you fit in it. It also provides an overview of 11 key steps for implementing and maintaining an active health & safety system.

#### **Form SS2 - Health & Safety Policy and Commitment Statements**

Includes examples of a business Commitment Statement and a Health & Safety Policy.

#### **Guide SS3 - Health & Safety Hazard and Risk Assessment Guide**

This Guide explains the difference between hazards and risks.

#### **Plan SS4 - Health & Safety Plan**

A Health & Safety Plan template is provided with ready to use documents which enable you to record health and safety objectives.

#### **Form SS5 - Safety in Seconds – safety briefing example and worksheets**

This is a template for you to use for recording details of safety briefings. You just need to hold the meetings and record the event.

#### **Form SS6 - What should be in a Site Specific Safety Plan (SSSP) - for you or any sub-contractors**

This document describes the components of what should be in a SSSP. It also lists the relevant Smart Start H&S 12 Pack forms to use, to enable you to quickly assemble your own SSSP or any subcontractors.

#### **Form SS7 - Managing Hazards and Risks**

This Guide provides the information and advice on “how to” identify and manage hazards and risks. The Guide includes a list of common hazard types.

#### **Guide & Registers SS8 - Hazard and Risk Assessments and Guide and Registers**

These documents guide you through the process of assessing risks from the hazards you have identified.

#### **Registers SS9 - Hazardous Substances (Dangerous Goods Register and Maintenance Register)**

This document gives you to two registers that will support your health and safety system – especially if your businesses uses or stores hazardous substances.

#### **Worksheet SS10 - Job Safety Task Analysis (JSTA) Worksheet**

This document provides 6 key “how to” steps to undertake a Job Safety Task Analysis (JSTA).

#### **Form SS11 - Pre Start-Up and Start-Up Checklist**

These checklists contain all the items you need to check on and make sure are covered before work starts on a new project, activity or site.

#### **Plan SS12 - Emergency Health and Safety Plan**

This document provides you with an Emergency Plan template.

#### **Form SS13 - Accidents and Incidents Packs**

This Pack provides all the Information on what actions to take in the event of an accident or incident.

#### **Register SS14 - Training and Skills (Competency) Supervision Register**

This register provides a template for recording and reviewing critical information on the safety skills, training and supervision of your workers.

#### **Registers SS15 - Site Induction and Site Registers**

This document provides two registers to support your health and safety system.

**This information is extremely important as all businesses will be required by law to coordinate safety arrangements where they share / work on, the same site.**



## What is a PCBU?

**A PCBU is defined as** "a **P**erson **C**onducting a **B**usiness or **U**ndertaking" e.g.

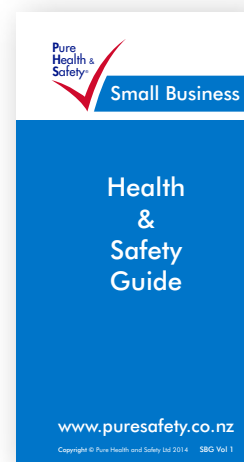
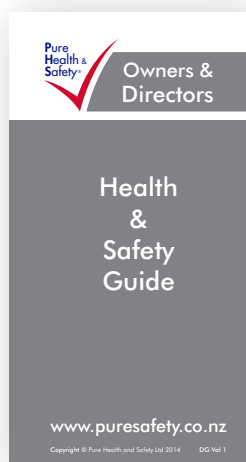
- those who manage and control a workplace
- those who manage and control fixtures, fittings or plant
- designers, manufacturers, importers, and suppliers of plant, substances or structures
- those who install, construct or commission, plant or structures

**Note:** a PCBU is a Primary Duty Holder



If you are a PCBU and an Officer (including Owners and Directors), you **must** exercise Due Diligence to ensure your PCBU complies with their Health & Safety duties.

**These Guides can help you through the process:**



## Duty Holders

### Examples of the three main types of Duty Holders:

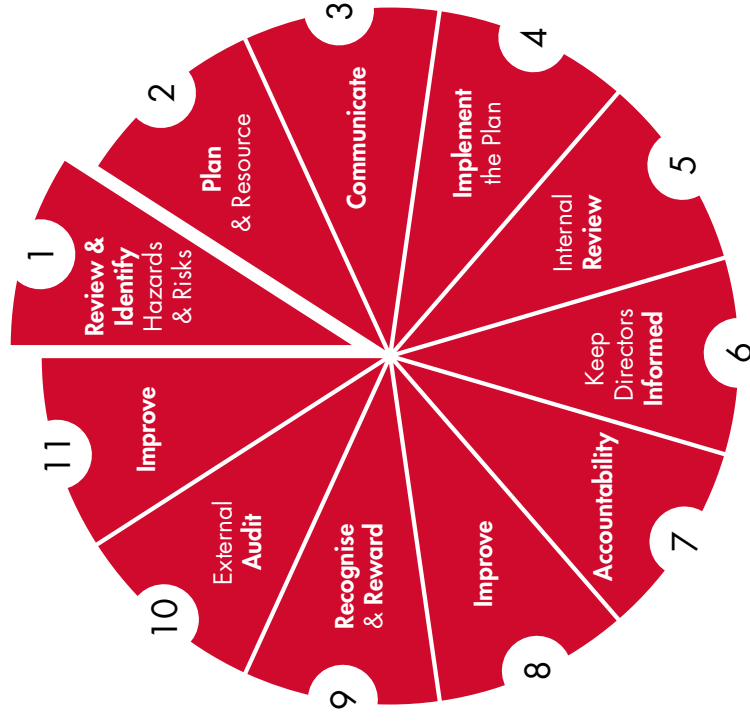
PRIMARY Duty Holder	OFFICER Duty Holder	WORKER Duty Holder
PCBUs: e.g. owners, employers, self-employed, suppliers etc (see H&S at Work Act)	e.g. Owners, Directors, Partners, CEOs, CFOs, Senior Management etc	Workers and others (a person at a workplace)
<b>Activity:</b> Operation of the business or undertaking	<b>Activity:</b> Organisational decision making and governance	<b>Activity:</b> Work activities (including supervision)
<b>Duty of Practice / Care:</b> Reasonably practicable	<b>Duty of Practice / Care:</b> Due diligence	<b>Duty of Practice / Care:</b> Reasonable care

## Key Elements of your health & safety duties under the Health & Safety at Work Act (2015)

As an Officer you must ensure your PCBU takes all required steps to protect the health & safety of workers and others.

1. You must understand the extent of all Hazards and Risks involved with your business operation, on an ongoing basis
2. Ensure your PCBU complies with and undertakes their Health & Safety duties, at all times

## 11 Key Steps for Health & Safety Management



## Three important facts to keep in mind

### 1. Reckless Conduct

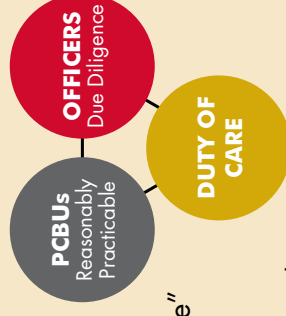
If you have a Health & Safety duty, and expose any individual (to whom that duty is owed) to a risk of death, serious injury or illness (without reasonable excuse), this may be considered Reckless Conduct.

**There are a range of penalties for a person/s who commits this offence; e.g. a person may be liable on conviction for up to 5 years imprisonment and/or up to a fine of \$3 million dollars.**



### 2. Exercising Due Diligence

Whilst a PCBU must exercise a Duty of Care that is "Reasonably Practicable" an OFFICER must exercise a Duty of Care with "Due Diligence" to ensure the PCBU complies with its Health & Safety duties.



**Due Diligence could be described as;** thoroughly and completely conducting a number of actions and enquiries to know what should be done and ensure it is done.

**Note:** Readers (e.g. Exec Directors) who find they are a PCBU, OFFICER and WORKER, may have three Duties of Care:

- 1 Reasonably Practicable
- 2 Due Diligence
- 3 Reasonable Care

### 3. Identifying Hazards & Risks

You must ensure **all** Hazards and Risks are identified, on an ongoing basis, to enable quality Health & Safety Planning and Risk Management.



**A Hazard is** any source of

potential harm or damage to people, property or environment.

**A Risk is** the chance/probability

that a person, property or environment will be harmed or suffer damage.



# HEALTH & SAFETY POLICY AND COMMITMENT STATEMENTS

## Developing Health & Safety Commitment and Policy Statements

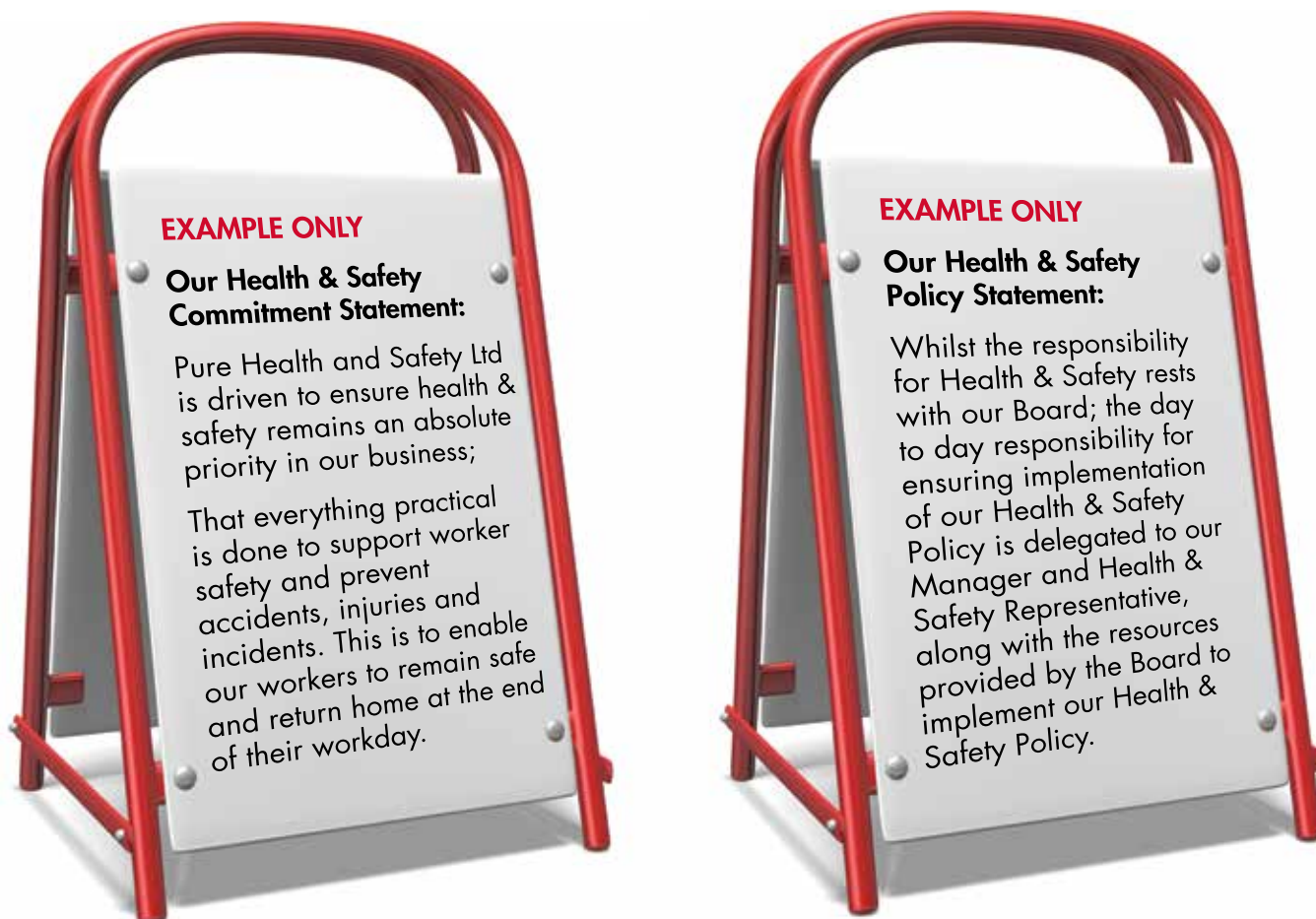
A Health & Safety Commitment and Policy Statements are foundation stones of your health & safety system and plan.



These foundations reinforce and allow others to understand:

- how committed you are to health & safety in your workplace (your Commitment Statement) and;
- how you expect your business to deliver its health & safety (your Policy Statement). These set out your basic rules or guidelines to achieve health & safety in your business or undertaking.

The following is Pure Health & Safety's Policy and Commitment Statements and is provided as a general example only. You will need to develop your own Health & Safety Commitment and Policy Statements.



## Below is an example of a Health & Safety Policy

You will need to develop a Health & Safety Policy, which sets out how you expect your Health & Safety to be developed and delivered.



(Name of the business or PCBU)

## Health & Safety Policy

### Our Vision:

People have quality health & safety knowledge at work, to remain safe and return home at the end of their day.

### We are committed to:

(Name of the business or PCBU) is committed to ensuring the health and safety of all our workers, contractors and visitors by complying with relevant health and safety legislation, regulations and approved Codes of Practice that may apply.

(Name of the business or PCBU) is committed to providing and maintaining a safe and healthy workplace(s) and will achieve this through:

- Using health and safety practices across our business
- Engaging with our workers to improve the health and safety systems in our business
- Doing everything "reasonably practicable" to remove or reduce the risk of injury or illness
- Making sure all incidents, injuries and near misses are recorded in the appropriate place
- Investigating all incidents, accidents, near misses and reducing the likelihood of them happening again
- Having emergency plans and procedures in place
- Training everyone about hazards and risks so they can work safely
- Providing appropriate induction, training and supervision for all new and existing workers
- Helping our workers who were injured or ill, return to work
- Making sure contractors and subcontractors working for us or on our premises operate in a safe manner

Our workers are encouraged and supported to play an important role in maintaining a safe and healthy workplace

Signed

Board Chairman  
(Insert business  
or PCBU name)

Signed

Chief Executive  
(Insert business  
or PCBU name)





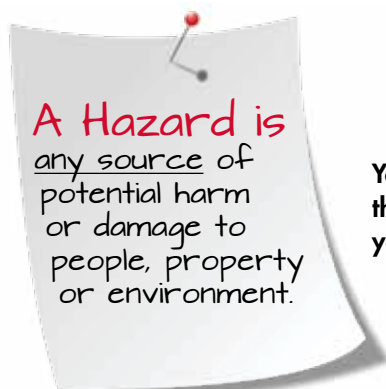


# Your Health & Safety Hazard and Risk Assessment Planning Guide

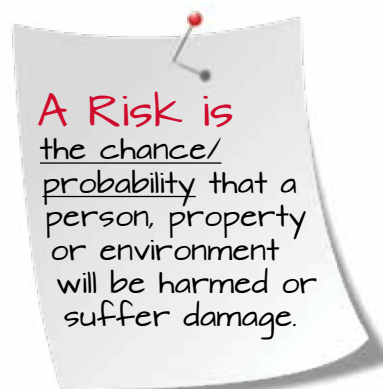
# A HEALTH & SAFETY ASSESSMENT GUIDE

Whether you are a small or large business Owner / Director / Senior Manager, you need to be aware of your health & safety responsibilities, and know how to identify hazards & risks and implement relevant controls in a timely manner. Use this checklist as a guide to help you understand how to make your workplace safe.

It is important to know the difference between a hazard and a risk:



**You then need to identify both the hazards and the risks in your business or undertaking.**



To help you identify hazards and risks, use this guide:

## Finding Hazards

**Remember, hazards are not always obvious!**

Walk around your workplace observing how things are done. This can help predict what may go wrong.

Look at how people work, how plant and equipment is used, what chemicals are in the area and what they are used for – notice what's safe and what's not.

Some examples of things to look for:

- Can your workers carry out their job tasks without risks to their (and others) health & safety?
- Are workers' tools and equipment suitable and well maintained for their job tasks?
- Since your last hazard check, has anything changed in the workplace that may affect health & safety?

Make a list of all hazards that you find, including those you know are already being dealt with. If there is a significant and/or immediate danger to people, move people to a safe location and then attend to the hazard urgently.

## Ask your Workers:

Make sure you ask your workers if they have had any near misses, or seen or heard about any hazards, accidents or incidents.

It is important to give your Workers the opportunity to speak confidentially so they feel free to share anything – their knowledge could shed light on areas of concern that you may be unaware of! You can achieve confidentiality by having a suggestion box, talking with them individually or providing Workers with a survey (without recording their names on surveys to assure their responses remain anonymous).



**Remember that 'near misses' must be recorded in your Accidents & Incidents Register and investigated (See Form SS13) – this may help avoid a future accident or incident.**

Information can also be sourced from your own records, to help you plan/improve your health & safety.

# HAZARD IDENTIFICATION



## HAZARDS

### Keep up with changes and new information:

Stay informed of new laws and regulations, this is your legal responsibility.

Examples of where to go for information:

- WorkSafe NZ
- Accident Compensation Corporation (ACC)
- Your industry organisations
- Technical specialists
- Manufacturers
- Suppliers
- Union
- Safety Advisors
- Consultants

### Other things to consider when identifying Hazards:

It is important to find / identify situations or things that could cause harm to people.

The following examples are some of the ways these can arise:

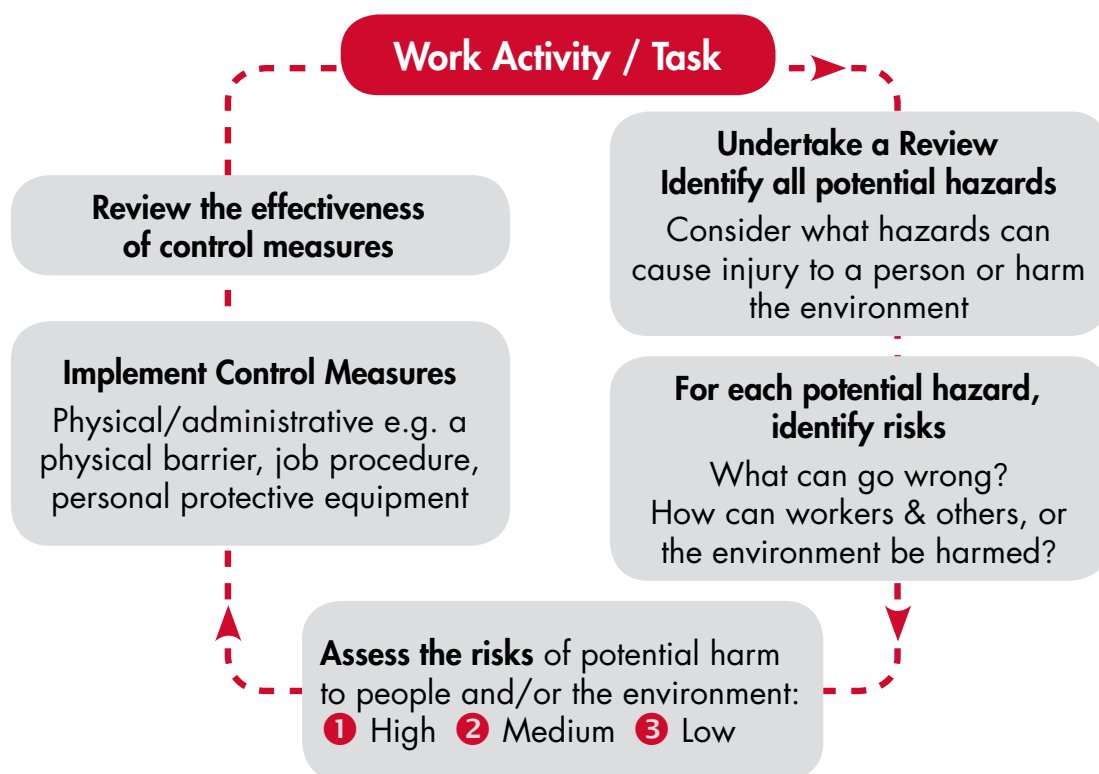
- The actual work environment
- The equipment, materials and/or substances used
- Job tasks and how workers undertake these
- How your workplace is designed and managed

**If at any time  
you identify  
an immediate  
danger, you  
must put  
in place  
immediate  
controls**

### Example of some common hazard types

Hazard example	Example of potential harm
<b>Manual tasks</b>	Overexertion or repetitive movement can cause muscular strain.
<b>Gravity</b>	Falling objects, falls, slips and trips of people can cause fractures, bruises, lacerations, dislocations, concussion, permanent injuries or death.
<b>Electricity</b>	Potential ignition source. Exposure to live electrical wires can cause shock, burns or death from electrocution.
<b>Machinery and equipment</b>	Being hit by moving vehicles, or being caught by moving parts of machinery can cause fractures, bruises, laceration, dislocations, permanent injuries or death.
<b>Hazardous chemicals</b>	Chemicals (such as acids, hydrocarbons, heavy metals) and dusts (such as asbestos and silica) can cause respiratory illnesses, cancers or dermatitis.
<b>Extreme temperatures</b>	Heat can cause burns, heat stroke or fatigue. Cold can cause hypothermia or frost bite.
<b>Noise</b>	Exposure to loud noise can cause permanent hearing damage.
<b>Radiation</b>	Ultra violet, welding arc flashes, microwaves and lasers can cause burns, cancer or blindness.
<b>Biological</b>	Micro-organisms can cause hepatitis, Legionnaires' disease, HIV/AIDS or allergies.
<b>Psychosocial hazards</b>	Effects of work related stress, bullying, violence and work related fatigue.

# RISK MANAGEMENT PROCESS



A Health & Safety Review can be ordered at: [www.puresafety.co.nz](http://www.puresafety.co.nz)



## What's in a Risk Assessment?

A Risk Assessment needs to consider what could happen to people, property and environment if exposed to a hazard, but how likely is that to happen. How likely it is to happen determines the level of that Risk:

- Is the Risk: **1** High **2** Medium **3** Low?
- Are existing Control Measures going to be enough?
- What do you need to do to control that risk?  
(Eliminate; if not reasonably practicable to do so, then minimise).
- How urgently you need to do something?

Risk Assessments can be simple e.g. just talking with your Workers to determine how likely something might be to occur. However, if you are **not** sure you have enough information or know what the risk levels are, then approach a Health & Safety professional – it is your legal responsibility to ensure your hazards and risks are clearly identified and the right Control Measures to protect people, are put in place.



## When do you do a Risk Assessment?

Carry out a Risk Assessment, or get one done for you, whenever:

- there is any uncertainty about hazards, e.g. how they may injure or cause illness?
- there are a number of different hazards in the same work activity or area and how these may create further hazards or risks to people, by being in the same vicinity
- there are changes in the workplace that could have an impact on how effective your existing Control Measures are

**Note: Risk Assessments are ESSENTIAL for high risk activities such as, entry into confined spaces, diving work, live electrical work (see Form SS8/2)**



Remember, you are wholly and solely responsible for ensuring you fully understand your legal obligations and keep up with any and all Health & Safety law reforms.

# HAZARD & CONTROLS CHECKLIST

It is important to involve workers in the process of identifying hazards and implementing controls.

We suggest you adapt this checklist to suit your particular business operation:

**No matter what business you are in, add the following as your first Management Safety Action Point:**

Ensure health & safety procedures, e.g. Health & Safety Plan (See Form SS4), an Emergency Health & Safety Plan including evacuation procedures (See Form SS12), Startup Checklist (See Form SS11) your first aid procedures, are developed, implemented and communicated to all employees/workers.

**Owner/CEO/Manager of the business to complete the form - Leave sections blank if they do not apply.**

Date of Assessment:	Assessment Completed by Name:			
Manager/Supervisor Name:	Health & Safety Representative Name:			
Location:	Employees/Workers Names:			
Management Safety Action Points	Yes	No	Ongoing	Comments
Ensure health & safety procedures, e.g. Health & Safety Plan (See Form SS4), an Emergency Health & Safety Plan including evacuation procedures (See Form SS12), Startup Checklist (See Form SS11) your first aid procedures, are developed, implemented and communicated to all employees/workers				
We have participation practices for engaging with our employees/workers so they have involvement in health & safety matters				
Our employees/workers know how to report health & safety issues and concerns				
We ensure there are clear instructions so tasks can be done safely - Job Safety Task Analysis (JSTA) (See Form SS10)				
We ensure our employees/workers and contractors have had a Skills Competency Assessment (See Form SS14) and ensure that tasks are given to those with the competence and skills to perform them				
We provide new or inexperienced employees/workers with adequate training to do their work safely, or ensure supervision by an experienced person				
We provide safety equipment to carry out the required task, e.g. Personal Protective Equipment (PPE), storage, cleanup and first aid				
We ensure that our employees/workers are appropriately trained in the use of any new equipment, machinery, hazardous substances or chemicals				
When buying machinery or equipment (new or second hand) we routinely consider health & safety issues (e.g. ask for maintenance and repair records, ensure guards are in place) and we maintain a Register for Plan & Equipment (See Form SS9)				

**Disclaimer: This Health & Safety Hazard and Risk Assessment Planning Guide Checklist is a guide only and should be used as such. It is not a definitive list of health & safety requirements for your business or undertaking.**



# HAZARD & CONTROLS CHECKLIST

Management &  
Environmental  
Action Points

Management Safety Action Points	Yes	No	Ongoing	Comments
We monitor & control noise levels of equipment & machinery that we operate in our business. Where noise levels cannot be reduced, we supply Personal Protective Equipment (PPE) to workers				
We ensure that relevant Material Safety Data Sheets (MSDS) are available handlers / users				
We routinely check hazardous substances containers are correctly labeled, easy to read and stored appropriately (See Form SS9)				
We have taken practicable steps to ensure the safety of employees/workers while at work and all visiting public				
Employees/workers have been made aware they need to take responsibility to ensure their own safety at work, including wearing Personal Protective Equipment (PPE) where necessary and ensuring their actions, or inactions, do not harm themselves or others				
We provide our Health & Safety Representative with adequate paid time off for training and resourcing to perform their role as Health & Safety Representative				
We hold regular health & safety meetings (See Form SS5) with Health & Safety Representatives, team leaders, supervisors and workers to reduce workplace accidents, incidents and near misses				
Employees in hazardous tasks are permitted agreed time off for company organised health checks such as hearing loss, eyesight, respiratory, etc				
Environmental/Hazards Action Points	Yes	No	Ongoing	Comments
A Site Start Up Checklist (See Form SS7 & SS11) has been completed and relevant action taken				
A Visitors Register is in place and details are recorded as they enter and leave the premises				
A Noise Assessment Report has been completed and relevant action taken				
The work area is clean, tidy and uncluttered and passageways are clear				
There are no protruding objects, sharp edges or unsecured items				
All spills or leaks have been cleaned up satisfactorily to avoid risks of slips, trips or falls				
Floor coverings are smoothed and secured satisfactorily to avoid the risk of slips, trips or falls				
Lighting is adequate for work to proceed safely and without eye strain				
Work areas are maintained at a comfortable temperature for healthy working conditions				

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# HAZARD & CONTROLS CHECKLIST

Environmental  
& Job Safety  
Action Points

Environmental/Hazards Action Points	Yes	No	Ongoing	Comments
All amenities are clean and accessible (Toilets, Kitchen, Drinking Water)				
Sufficient storage is provided for equipment, tools, stock, products etc				
Walkways and stairways are safe & kept clear for ease of egress - example: uncluttered workspaces, handrails fitted, non slip treads in place as necessary				
Safety signage is posted and visible in all areas				
There is adequate ventilation for good air flow and working exhaust fans are operational and located as required				
All pipes have been checked for leaks, drips or corrosion and labelled appropriately				
Drivers of vehicles and/or equipment have been trained and are aware of danger to foot traffic and dangers of unsecured loads				
Electrical sockets, switches, plugs and leads have been checked & repaired as required				
All electrical equipment, leads & power boxes or boards have been checked and tagged as safe				
The location of overhead or underground power lines and cables have been identified & checked before digging, underground or overhead work has commenced				
Only non-conductive ladders are used near electrical equipment or power lines				
Job Safety Action Points	Yes	No	Ongoing	Comments
Job Safety Task Analysis (JSTA) (See Form SS10) have been completed for each task, identifying step by step procedures, safety requirements and controls				
All employees/workers have been provided with and trained in the use and maintenance of appropriate Personal Protective Equipment (PPE) relevant to their task				
Visitors are asked to abide by safety signage, follow any instructions from employees/workers pertaining to health & safety practices while visiting the workplace/site				
Employees/workers have been made aware of the Emergency Health & Safety Plan (See Form SS12), emergency egress and safe assembly points and their safety officers				
Safety signage is posted and visible in all areas as required				
Employee/workers have been made aware of their responsibilities to keep themselves and fellow workers safe whilst at the workplace				

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# HAZARD & CONTROLS CHECKLIST

Machinery  
& Equipment  
Action Points

Machinery/Equipment/Tools Action Points	Yes	No	Ongoing	Comments
Safety Guards and Shields have been checked and are operational				
Installation, commissioning and use are correct				
Noise levels have been checked				
Correct tools for the job has been checked				
Correct training and use of machinery, equipment and tools by operators				
Adequate supervision is provided as needed				
Regular servicing has been completed – (example: to reduce vibration in hand/power tools) (See Form SS9)				
Personal Protective Equipment (PPE) is appropriately fitted and being worn				
Operator is not wearing loose or poorly fitted clothing which could catch in machinery				
Health & Safety signage is visible				
Clear communication/instructions have been given and received regarding Personal Protective Equipment (PPE), Safe operation of equipment, machinery, tools				
Health & Safety Procedures such as an Emergency Health & Safety Plan (See Form SS12) is in place and communicated to all				
Employees/workers know who their Health & Safety Representative is and how to contact them				

**Disclaimer:** This Health & Safety Hazard and Risk Assessment Planning Guide Checklist is a guide only and should be used as such. It is not a definitive list of health & safety requirements for your business or undertaking.

# HAZARD & CONTROLS CHECKLIST

Welding &  
Confined  
Spaces  
Action Points

Welding & Confined Spaces Action Points	Yes	No	Ongoing	Comments
General Arc flash protection is in place (e.g. Blackout Screens)				
Welders are certified (See Form SS14) for the job they are doing and have knowledge of basic welding health & safety				
Integrity of connected equipment has been checked (regular inspection, free of oil and grease, colour coding is correct, flashback arrestor fitted)				
Fire Prevention from Hot Work – combustible explosive or flammable hazards have been identified and controlled (example: appropriate wall, floor or ceiling covering, wetting, shielding or covering combustibles, ventilation ducts, etc. in place)				
Ventilation exists and is appropriate for tasks				
Fume and Gas Controls and protection are in place and operating - (specific fume/gas hazards identified and appropriate controls in place) for example: toxic metal fumes including beryllium, cadmium, phosgene, inert gases, ozone, phosphine, nitrogen oxides, carbon monoxide, fluxing agents, etc				
Electrical Safety has been reviewed with Residual Current Devices (RCD), lowest no load voltage and automatic control, earth clamps and cables plus grounding checks, rod holders, short leads, power board safety, etc				
Employees/workers are trained in correct use of Gas equipment for task. Equipment is well maintained and suitable for the task (leak testing, flashback signs, correct assembly, correct lighting)				
Gas Bottles are clearly labeled and stored in ventilated areas				
Correct Personal Protective Equipment (PPE) is being worn to protect from radiation, arc flashes, electrical safety from wet/sweaty hands – Example: hand shields, skin covered, eye shields, gloves, etc				
Welding in confined spaces – Training has been provided, Permit to Work system is in place, Heat Stress controlled, Ventilation is operational (Fumes and gas hazards are made worse in confined spaces), atmospheric testing, preplanned safe access and emergency rescue, Observer with access to cut-off switch, time limits considered etc. Permit To Work systems are in place				
Fire extinguisher/s are readily available in the immediate welding area				

**Disclaimer: This Health & Safety Hazard and Risk Assessment Planning Guide Checklist is a guide only and should be used as such. It is not a definitive list of health & safety requirements for you business or undertaking.**

# HAZARD & CONTROLS CHECKLIST

Hazardous  
Substances  
Action Points

Hazardous Substances and Chemicals Action Points	Yes	No	Ongoing	Comments
A Hazard Identification and Risk Assessment has been completed and relevant Controls in place (See Forms SS7 & SS8)				
A Hazard & Risk Register has been provided				
A Hazardous Substance (& Dangerous Goods) Register (See Form SS9) has been completed				
Hazardous Substances have been cataloged. Labels and containers checked and stored correctly				
Material Safety Data Sheets (MSDS) are available to all employees/workers and their location has been communicated				
All significant hazards have been Eliminated, Isolated or Minimised so they do not cause harm to employees/workers				
Employees/workers have received adequate training in the use of hazardous substances, chemicals and hazardous materials relevant to their task				
Adequate ventilation of work and storage areas is in place and operating efficiently				
Hazardous substances are disposed of in accordance with the Material Safety Data Sheets (MSDS)				
Safety signs are displayed and visible as required				

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# HAZARD & CONTROLS CHECKLIST

Emergency  
Procedures  
& Incident  
Reports

Emergency Procedures Action Points	Yes	No	Ongoing	Comments
Ensure health & safety procedures, e.g. Health & Safety Plan (See Form SS4), an Emergency Health & Safety Plan including evacuation procedures (See Form SS12), Startup Checklist (See Form SS11) your first aid procedures, are developed, implemented and communicated to all employees/workers				
Employees/workers are aware of the Emergency Health & Safety Plan, emergency egress and safe assembly points and their safety evacuation officer (See Form SS12)				
First Aid procedures are in place and communicated to all (See Form SS15)				
First Aid records are kept and stored securely				
We have trained First Aiders on site and employees/workers know who they are and how to access them (See Form SS15)				
Our first aiders are regularly up skilled to maintain their knowledge and qualifications (See Form SS14)				
We regularly review the Emergency Health & Safety Plan with employee involvement				
All emergency exits and evacuation pathways are sign posted and clear of any restriction				
Emergency safe assembly points are sign posted and clearly visible – their location has been communicated to employees				
Exit doors open easily from the inside, including cold storeroom doors and other windowless rooms				
Emergency Drills are carried out and recorded				
Emergency equipment is in place and regularly maintained and services to ensure it is in working order – Example: fire/ other alarms, fire extinguishers, heat detectors, sprinkler systems, emergency lighting, Automated External Defibrillator (AED) etc				
Incident Report Action Points	Yes	No	Ongoing	Comments
We maintain an Accidents, Incidents and Near Misses Register and review at regular intervals				
We have Employees/workers Injury Reporting procedures and ensure employees understand the appropriate procedures to report accidents, incidents, injuries and near misses (See Form SS13)				
We have Incident and Accident Investigation procedures				
Based on Investigation recommendations, we take appropriate action to minimise or eliminate risks				

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# HEALTH AND SAFETY PLAN

See forms  
SS8 - SS15  
available in  
Smart Start  
12 Pack

## Objective of Plan:

To adopt, review and implement the *(insert business name or PCBU)*

Health & Safety practices and procedures across the business or undertaking by *(insert date)* DD / MM / YEAR in an effort to lessen or eliminate accidents, incidents and injuries in the workplace.

### Status Key:

- ✗ **NO** the Action has not taken place
- **Partly in place / Ongoing**
- ✓ **YES** the action has been completed

Objective	Proposed Action	Action by	Date of Action	Status (Circle one)	Budget for Task
1. Adopt & implement the:  <i>(insert company name)</i> Health & Safety Policy / Manual by: DD / MM / YEAR	Review the Health & Safety policy, make necessary amendments, sign and date it <i>(See Form SS2)</i> .			✗ • ✓	\$
	Distribute and inform workers about the policy.			✗ • ✓	
	Institute the Accidents & Incidents Register and meet with workers to explain the process for reporting accidents, incidents, injuries and near misses <i>(See Form SS13)</i> .			✗ • ✓	
2. Establish the Health & Safety Team by:  DD / MM / YEAR	With employee rep, agree on the process for selection of the health & safety team and elect team.			✗ • ✓	
	Schedule a timetable for regular meetings (at least quarterly).			✗ • ✓	
	Confirm the action points the team will instigate for the coming year.			✗ • ✓	
3. Review the Hazards in the workplace by:  DD / MM / YEAR	Review <i>(insert company name)</i>  Hazard & Risk Register <i>(See Form SS8)</i> .			✗ • ✓	
	Identify workplace/site hazards, assess if significant hazards and risks. Develop appropriate controls ELIMINATE OR MINIMIZE <i>(See Form SS3)</i> .			✗ • ✓	
	Train staff in procedures to ensure safety <i>(See Form SS14)</i> .			✗ • ✓	
	Initiate workplace & personal health monitoring relevant to the hazards & risks.			✗ • ✓	
4. Complete a review of training needs and competency by:  DD / MM / YEAR	Identify training needs for each job/role <i>(See Form SS14)</i> .			✗ • ✓	
	Establish competence level of all staff <i>(See Form SS14)</i> .			✗ • ✓	
	Identify suitable training courses/trainers & training programmes.			✗ • ✓	

# HEALTH AND SAFETY PLAN

See forms  
SS8 - SS15  
available in  
Smart Start  
12 Pack

## Annual And Ongoing Activities:

Review this Plan on:

DD / MM / YEAR

### Status Key:

- ✗ **NO** the Action has not taken place
- **Partly in place / Ongoing**
- ✓ **YES** the action has been completed

Component	Proposed Action	When	Action By	Status (Circle one)
Employer Commitment	a. Review the Health & Safety Policy (See Form SS2).	Annually	Health & Safety Team	✗ • ✓
Planning, review & evaluation	a. Review the current Emergency Health & Safety Plan (See Form SS12).	Annually	Health & Safety Team	✗ • ✓
	b. Prepare the Emergency Health & Safety Plan for the coming year (See Form SS12).	Annually	Health & Safety Team	✗ • ✓
	c. Complete a Hazard & Control Checklist (See Form SS3).	Annually	Health & Safety Team	✗ • ✓
Hazard identification, risk assessment & management	a. Update Hazard identification, including Hazards and risks associated with new or changed equipment & processes (See Forms SS3 & SS8).	Annually	Health & Safety Team	✗ • ✓
	b. Review the Hazard & Risk Register to ensure that controls are in place and effective (See Form SS8).	Monthly	Health & Safety Team	✗ • ✓
	c. Eliminate risks and if not reasonably practical to do so, then minimise. e.g. Isolate: Engineering Controls; Provide Personal Protective Equipment (PPE)		Health & Safety Team	✗ • ✓
	d. Complete monthly workplace/site inspections.	Monthly	Health & Safety Team	✗ • ✓
	e. Undertake workplace/site & personal health monitoring.	Ongoing	Health & Safety Team	✗ • ✓
Accident, Incident, injury & near miss reporting, recording & investigation	a. Review & analyse the accident, incident, injury & near miss data.	Quarterly	Health & Safety Team	✗ • ✓
	b. Use the results of the review to make improvements or changes to hazard and risk management controls.	Quarterly	Health & Safety Team	✗ • ✓
Worker participation	a. Health & Safety Team hold regular meetings (See Form SS5).	Quarterly	Health & Safety Team	✗ • ✓
Emergency Planning	a. Arrange two emergency evacuation exercises.	6 monthly	Health & Safety Team	✗ • ✓
	b. Review/update the Emergency Health & Safety Plan and Evacuation Plan after each use (See Form SS12).	6 monthly	Health & Safety Team	✗ • ✓

## SAFETY BRIEFINGS

Project / Site / Department:		Employer / PCBU:	
Foreman / Supervisor / Manager:		Date:	
Principal:			
Attendees:		Signatures of attendees:	
Site activity / safe work practices / accident / incident investigations discussed:			
Worker issues / concerns raised:	How can we resolve these?	Who will do this?	Date to resolve by:
Safe observations reviewed / discussed:			
Task Analysis completed / reviewed:			Date:

### Pure Health & Safety's Vision Statement:

"People have quality health & safety knowledge at work,  
to remain safe and return home at the end of their day"



# EXAMPLE OF HEALTH & SAFETY TOPICS YOU MIGHT DISCUSS

Keep  
good  
records

## Examples only

Below are examples of some general Health & Safety topics to help guide you through the process:

- ✓ Any hazards found during your workplace/site Reviews which are not being managed?  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ What hazards currently exist, or are likely to exist on your workplace/site?  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ What controls can you put in place to Eliminate or Minimise the risks?  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ What Accidents, Incidents or Near Misses have occurred since our last briefing?  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ Remind everyone of the Accidents, Incidents, Injuries or Near Miss reporting processes.  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ Remind everyone of the Emergency Health & Safety Plan, including evacuation, safe assembly points, trained first aider, location of the First Aid Kit, when your next emergency drill is.  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ Remind everyone to be cautious, run through high risk areas and hazards.  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ Remind everyone of workplace/site Visitor Induction / Visitor Register and Sign-in Processes.  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ Remind everyone where the Personal Protective Equipment and Clothing (PPE & PPC) is kept and those who are issued them, need to use them correctly and check they are in good order. If they require replacement, bring this to the immediate attention of the supervisor/manager.  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_
- ✓ Any new rules, guidelines, other issues / items?  
☐ Discussed ☐ N/A Comments: \_\_\_\_\_

# WHAT'S IN A SITE SPECIFIC SAFETY PLAN (SSSP)?

SSSP forms  
SS8 - SS15  
available in  
Smart Start  
12 Pack

See bottom right corner of each form for the form number.

See Form No.	Title
SS8	Hazard & Risk Registers
SS9	Hazardous Substance (& Dangerous Goods) Register
SS10	Job Safety Task Analysis (JSTA) Worksheet
SS11	Startup Site Checklists
SS12	Emergency Health & Safety Plan
SS13/3 SS13/4	Register or Notification of Circumstances of Accident or Serious Harm
SS13/5	Accidents and Incidents Register
SS13/6 SS13/7 SS13/8	Accidents and Incidents Investigation Report
SS14	Training & Skills (Competency) Supervision Register
SS15	Site Induction Register

## Pure Health & Safety's Vision Statement:

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to remain safe and return home at the end of their day"



# SNAPSHOT OF WHAT'S IN THE (SSSP)?

**Ensure any contractors or sub-contractors who come into your workplace / site to work, have their own SSSP**

## SS8

### **Guide & Registers SS8 - Hazard and Risk Assessments and Guide and Registers**

These documents guide you through the process of assessing risks from the hazards you have identified.

## SS9

### **Registers SS9 - Hazardous Substances (Dangerous Goods Register and Maintenance Register)**

This document gives you two registers that will support your health and safety system – especially if your businesses uses or stores hazardous substances.

## SS10

### **Worksheet SS10 - Job Safety Task Analysis (JSTA) Worksheet**

This document provides 6 key “how to” steps to undertake a Job Safety Task Analysis (JSTA).

## SS11

### **Form SS11 - Pre Start-Up and Start-Up Checklist**

These checklists contain all the items you need to check on and make sure are covered before work starts on a new project, activity or site.

## SS12

### **Plan SS12 - Emergency Health and Safety Plan**

This document provides you with an Emergency Plan template.

## SS13

### **Form SS13 - Accidents and Incidents Packs**

This Pack provides all the Information on what actions to take in the event of an accident or incident.

## SS14

### **Register SS14 - Training and Skills (Competency) Supervision Register**

This register provides a template for recording and reviewing critical information on the safety skills, training and supervision of your workers.

## SS15

### **Registers SS15 - Site Induction and Site Registers**

This document provides two registers to support your health and safety system.



You will find all of the SSSP forms  
(Site Specific Safety Plan) in this pack.

When looking for the form numbers, look at the bottom  
right hand corner of each page.

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## KEEP GOOD RECORDS AND UPDATE YOUR HEALTH & SAFETY SYSTEMS:

## Record your findings and implement them

Once Hazards have been identified, assess the risks involved, decide on the best controls (SS7/4) and apply the controls.

Record your findings in clear, easy to read language – for example ‘Stairways blocked, storage area provided, staff educated, regular housekeeping checks’, or ‘Chemical fumes lingering: repaired faulty exhaust ventilator, regular maintenance check routine established’.

Make sure you have prioritised the identified hazards and have taken action to eliminate or minimise the risks.

Identify Action taken and By Whom include the Date for Action to be completed by and finally ensure that you have checked off when the Action has been completed (or note if it is ongoing).

**Review your Risk Assessment and update if necessary**

Review your risk assessments to ensure that all actionable tasks have been completed or records updated if the action is still ongoing.

Review to ensure sufficient resources are available to support the health & safety policy.

Review to ensure health & safety processes are preventing accidents, incidents & injuries. Where necessary, improve your health & safety processes and risk controls.

Review to ensure that the organisation's health & safety policy is being adhered to.

Monitor if there is a major shift in the organisation's work practices or environment and ensure that the Risk Assessment is completed, amended and/or updated where necessary.

NOTES:

## STARTUP SITE CHECKLIST

**Complete this checklist to begin your safety process.**  
 Purpose: BEFORE starting work on site you MUST complete this checklist.  
 Complete each task and sign them off with a ✓ to confirm they are done.

Date: DD / MM / YEAR	Time: _____ am/pm	Location: _____	
Your Name: _____	Your Position: _____		
Company Name: _____	Sign When Completed: _____		
Pre-Site HAVE YOU DONE OR COMPLETED THE FOLLOWING TASKS?		YES	N/A
1.	Included your Health & Safety requirements in your tender documents or quotation requests.		
2.	Informed your client/main contractor about your/their safety obligations upon signing the building contract. Note: Health & Safety obligations and responsibilities are essential, and should be clearly defined within contract descriptions.		
3.	Instituted a critical path Health & Safety Plan – outlining the process for building the project safely; identifying the preferred contractors and suppliers. The level of risk involved will determine the depth of detail required – e.g. Higher Risk = Greater Detail		
4.	Have you ensured the competencies, qualifications (including trade qualifications) and updated licensing of all persons, workers, employees and/or contractors on the project?		
5.	Have you ensured that all persons, workers, employees and/or contractors have been taken through relevant safe work methods for tasks to be performed?		
6.	Does the person, worker, employee and/or contractor have the correct Personal Protective Equipment (PPE) available? <ul style="list-style-type: none"> <li>• Hard hat / Safety glasses / Gloves</li> <li>• Hearing Protection</li> <li>• Long Sleeved Shirt (if required)</li> <li>• High Visibility Vest</li> <li>• Safety Footwear</li> <li>• Other _____</li> </ul>		
7.	Has the person, worker, employee and/or contractor been shown what to do in an emergency and identified the location of the: <ul style="list-style-type: none"> <li>• Safe assembly point and evacuation route?</li> <li>• Closest medical facility?</li> <li>• Contact details of emergency services?</li> <li>• Provisions for emergency communications?</li> </ul>		
8.	Have you shown the person, worker, employee and/or contractor the: <ul style="list-style-type: none"> <li>• Location of the first aid facilities/kits?</li> <li>• Who the first aid trained people are and how to obtain treatment?</li> </ul>		
9.	Have you shown the person, worker, employee and/or contractor where all relevant fire fighting equipment is located – Fire extinguishers, hose reels, etc?		
10.	Have you introduced the person, worker, employee and/or contractor to their Health & Safety Representative(s)?		
11.	Have you shown the person, worker, employee and/or contractor where the amenities are located – including drinking water and toilets)?		
12.	Have you explained the procedures for identifying and/or reporting accidents, incidents, injuries, near misses and hazards?		
13.	Has the person, worker, employee and/or contractor been set up or trained to use any specialized equipment they may be required to operate?		
14.	Have you explained the site health & safety rules and made the person, worker, employee and/or contractor aware of their individual legal obligations and responsibilities to ensure their own and others health & safety whilst at the workplace/site?		
15.	Have you explained the workplace/site security procedures?		
16.	Have you given the person, worker, employee and/or contractor the opportunity to ask questions about their responsibilities and have any issues clarified?		

## A Guide to Assessing Hazards & Risks

Site Hazard & Risk Analysis, Hazard & Risk Management  
Task Analysis and Hazard & Risk Register:



## Five steps to Assessment

**1. Identify the Hazards:** Hazards Identification & Risk Assessment Guide (for workplace/site to be completed by Managers, Main Contractors, Sub Contractors or Health & Safety Reps).

**Hazard & Risk Assessments** evaluate the probability of exposure to accidents, injuries, illnesses or diseases in the workplace arising from any situation found during the identification process.



**A Hazard is** anything that may cause harm, such as chemicals, electricity, faulty power tools, working on ladders, wet floors, heavy loads, no guards on equipment, poorly installed machinery, blocked entrances/exits or stairways etc.



**A Risk** is the chance, ❶ High ❷ Medium ❸ Low, that somebody could be harmed by any hazard, together with an indication of how serious the harm could be.

The Assessment is performed by the Manager, Supervisor, Main Contractor, Sub Contractor and/or Health & Safety Representative as authorized under the Health & Safety procedures for each organisation. Each authorized person must have the necessary knowledge, training and expertise to do the Hazards Analysis. This involves completing the appropriate worksheet and/or forms to identify all hazards and ascertaining practical measures for eliminating or reducing the likelihood of injury, illness or disease in the workplace; and to implement the measures and to continually review the measures in order to ensure their effectiveness.

**Once the hazards have been identified, action needs to be taken.**

If you run a small business or undertaking and are confident you understand what is involved and your responsibilities under the Health and Safety legislation, you can do the assessment yourself. Ensure you review the processes involved in your business. Walk around your workplace and look for things that could cause harm. Ask your employees/workers or their representatives for their input – they may have noticed things not immediately obvious to you. Review previous Accident/Incident investigation and ill Health records – it may help to identify less obvious hazards. Consider long term risks to health – such as high levels of noise or exposure to harmful substances.

If you work in a larger business or undertaking, your Health & Safety Representative could complete the Hazards & Controls Checklist (See Form SS3), or you could engage a Health & Safety professional to complete this.

Visit our website if you want to order a Health & Safety Review: [www.puresafety.co.nz](http://www.puresafety.co.nz)

**Remember you are responsible for seeing that assessments are carried out properly.**

In all instances ensure you engage and communicate with your workers and/or contractors.

**NOTE: IF AN IMMEDIATE RISK TO HEALTH OR SAFETY is identified, then safeguard personnel by ceasing the process/activity in question until measures are taken to remove and/or remedy the immediate risk.**

SEE FORMS  
SS8, SS10  
& SS14

Identifying Hazards

Hazards can be linked with a number of factors such as:

<b>Plant &amp; Machinery</b> <ul style="list-style-type: none"><li>Lack of safety guards</li><li>Noise</li><li>Operator error</li><li>Clothing – draw in</li><li>Incorrect installation, commissioning &amp; use</li></ul>	<b>Equipment</b> <ul style="list-style-type: none"><li>Incorrectly operated</li><li>Incorrectly stored</li><li>Poorly serviced or maintained</li></ul>
<b>Raw Materials &amp; Liquids</b> <ul style="list-style-type: none"><li>Spillage &amp; Burns</li><li>Inhaling fumes</li><li>Incorrect storage</li></ul>	<b>Workplace/Site</b> <ul style="list-style-type: none"><li>Poor workplace design or flow</li><li>Defective floor surface (e.g. slippery)</li><li>Lack of training in the workplace</li><li>Stairs or open areas without hand rails</li></ul>
<b>Other workers</b> <ul style="list-style-type: none"><li>Incorrectly operating machinery or equipment</li><li>Lack of concentration</li><li>Lack of training/supervision</li></ul>	<b>Your role/job</b> <ul style="list-style-type: none"><li>Lack of training/supervision</li><li>Lack of concentration</li><li>Lifting</li><li>Reaching</li><li>Twisting</li><li>Failure to use Personal Protective Equipment (PPE) appropriately</li></ul>
<b>Housekeeping</b> <ul style="list-style-type: none"><li>Lack of maintenance, service and repair of plant, equipment, Lack of training</li><li>Lack of supervision</li><li>Lack of, or poor signage</li><li>Failure to have and/or use appropriate Personal Protective Equipment (PPE)</li></ul>	<ul style="list-style-type: none"><li>Poor record keeping</li><li>Lack of health &amp; safety procedures such as an Emergency Health &amp; Safety Evacuation Plan</li><li>Poor communication</li><li>Lack of appropriate storage</li></ul>

A Hazard is any source of potential harm or damage to people, property or environment.

2. Decide who might be harmed and how

For each hazard you need to consider groups of people who could be harmed e.g. people working on the same task, operators of lathes or machinery, manual lifters etc.

In each case identify how they might be harmed, type of injury or ill health that could occur and record it. Extra thoughts will be needed for some hazards.

Think about whether you have some workers who may have particular needs, e.g.:

- expectant mothers, young workers, new trainees, worker with disabilities
- cleaners, visitors, contractors, maintenance workers or those not in the workplace all the time
- members of the public – if there is a possibility of them being hurt by your work activities
- shared workspaces/workplaces – consider how your work affects others present and how their work affects your employees/workers. Discuss with them issues/concerns
- Seek your employees/workers and health & safety representatives feedback, to ensure there have been no oversights and you haven't missed anything
- Literacy and the ability to understand English

Complete a Job Safety Task Analysis (JSTA) (See Form SS10) – Worksheet (for specific worker tasks – completed by Manager/Supervisor)

ALSO SEE  
FORMS  
SS8 - SS15

3. Evaluate the Risks and decide on precautions

Having identified the hazards, you need to decide on actions to take. Look at the controls you already have in place, are they appropriate and/or adequate to reasonably protect your workers from harm.

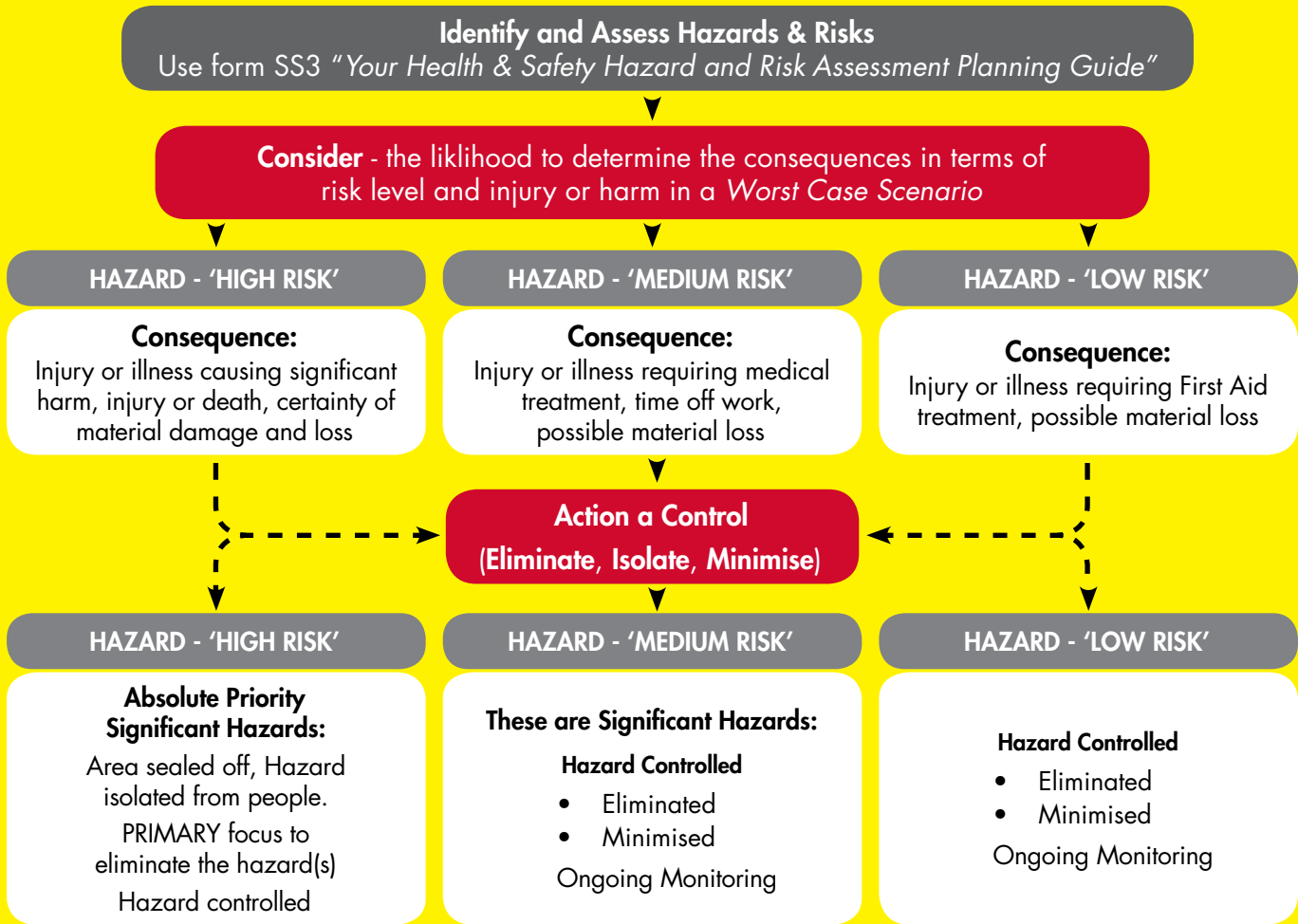
By law you must take “reasonably practicable” steps to **eliminate** risks to health and safety, and if not reasonably practicable to do so, then you must minimise the risk.

**Rank the Hazard – High, Medium or Low Risk (H, M, L)** to determine the severity of risk & level of controls required to Eliminate, Isolate or Minimise a potential hazard.

All **rankings of (High, Medium or Low) Significant Hazards** and associated risk should be recorded on the Job Safety Task Analysis (JSTA) worksheet. Where a worker, contractor, subcontractor or temp have introduced a hazard or created a hazard, they must communicate the hazard to their Manager or Supervisor as soon as possible. The Manager or supervisor will ensure a hazards identification and risk analysis is completed and the findings are recorded and communicated. Low risk hazards should be minimised as far as possible. All findings should be recorded in the Hazards Register.

The higher the Hazard Risk the more extensive the controls to be provided

**Controls** – take all practicable steps to eliminate the hazard if unable to do that, take all practicable steps to isolate before considering minimising the risk of injury.



A Risk is the chance/probability that a person, property or environment will be harmed or suffer damage.

CONTROL IDENTIFIED HAZARDS (see form SS8)

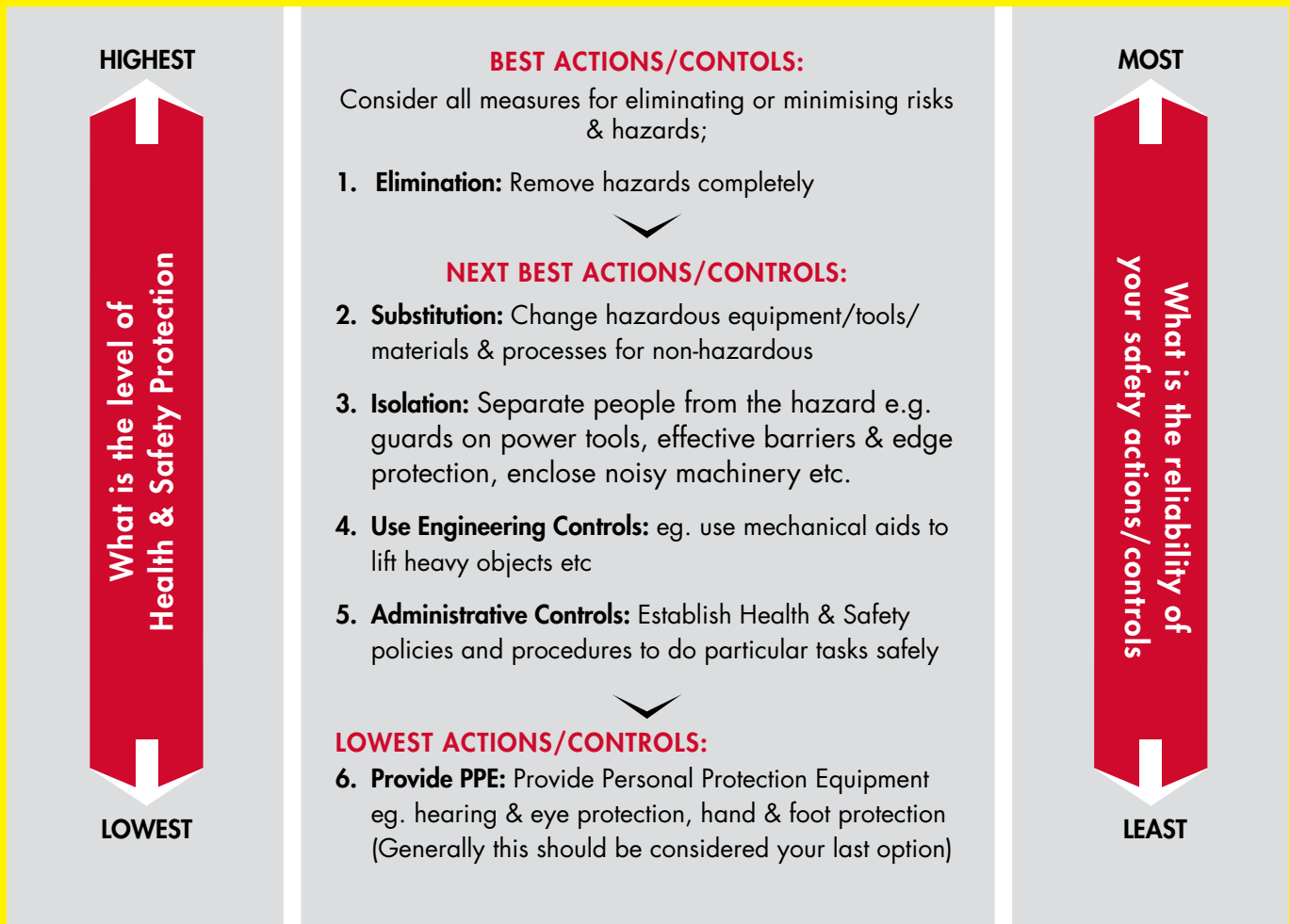
Action the Controls

The best way to manage hazards and associated risks is to work through the priorities for applying risk controls.

By law you **must** take reasonably practicable steps to eliminate risks. If this is not practicable you **must** take steps to minimize the risks.

There are a number of requirements and options in the Health & Safety at Work Act (2015) and Regulations as set out below (also see [www.worksafe.govt.nz](http://www.worksafe.govt.nz) for more information).

Prioritise the risk for each hazard starting with the highest risks, put in place safety actions/controls.



# HAZARD & RISK REGISTERS

**Who uses this form?** Management, Contractors, Sub-contractors, Workers and Health and Safety Representatives.  
**Purpose?** To record all hazards and potential hazards at the workplace or work site. Add new comments each time a new hazard is identified.  
Use the information to notify workers, contractors, employees and other persons who will visit or work on the site of specific hazards.

## HAZARD REGISTER

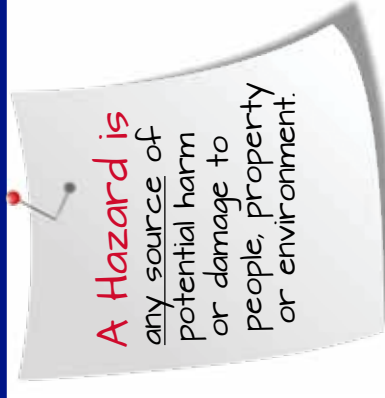
(There is an extra Hazard Register on the back of this form for your additional use)

### Legal Obligations:

- You are required to record details of accidents and serious harm injuries in a register
- If Serious Harm or an Accident involving serious harm occurs the employer, self employed or principal MUST notify WorkSafe NZ within 7 days.  
We recommend you visit [www.worksafe.govt.nz](http://www.worksafe.govt.nz)

Workplace: (Name/Location) \_\_\_\_\_ Date: DD / MM / YEAR \_\_\_\_\_

Completed by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_



Hazard YES/NO	Date Hazard Identified	Location of Hazard (Plant / Equipment / Machinery etc)	Hazard (Description)	Injury Risk / Consequences	How will it be controlled? Eliminate/Minimise		
					E	M	
Yes	Example ONLY 22/11/14	Construction Bay 1 - Loose railing	Rail at 2.5m above ground may give way resulting in fall	Fall	Fix railing		



# A GUIDE FOR ASSESSING RISKS

The following information should be used to help you Assess and Record Risks and assists in determining Consequences and Control Measures.

**A Risk is** the chance/  
probability that a  
person, property  
or environment  
will be harmed or  
suffer damage.

## RISK ASSESSMENT - A guide to assessing the likelihood and consequences of Risks

### Criteria for the assessment of Likelihood and Consequences of the harm that may occur.

Each activity needs to be assessed on a worst case scenario. Likelihood and consequences are to be assessed separately for each identified hazard.

**Identify potential incidents** and/or conditions that may pose a risk of harm or damage to people, property or environment.

### Likelihood

Minimal ①	Low ②	Medium ③	High ④	Very high ⑤
Once every 50 years or less	Once every 10 years or less	Once a year or less	Once a month or less	Once a week or less

### Consequences

Grading	Human	Environment	Economic / Materials, Plant, Equipment
<b>E = Very critical</b>	May produce fatality	Very prolonged, non-reversible damage	Shutdown work > 1 year
<b>D = Critical</b>	Permanent injury, may produce serious health damage/sickness	Prolonged damage, long recovery time	Shutdown work 6mths – 1 year
<b>C = Dangerous</b>	Serious personal injury	Minor damage, long recovery time	Shutdown work < 1 month
<b>B = Relatively safe</b>	Injury that requires medical treatment	Minor damage, short recovery time	Shutdown work < 1week
<b>A = Safe</b>	Minor injuries that may require first aid	Insignificant damage, short recovery time	Shutdown of work < 1day

### Risk Matrix:

**Risk = Likelihood x Consequences:** Calculate the Risk Rating for 'Human', 'Environment', 'Economic / Material, Plant, Equipment', separately.

CONSEQUENCE	E1	E2	E3	E4	E5
Extremely serious	D1	D2	D3	D4	D5
Serious	C1	C2	C3	C4	C5
Moderate	B1	B2	B3	B4	B5
Minor	A1	A2	A3	A4	A5
Not significant	Very Low	Low	Medium	High	Very High
	LIKELIHOOD				

**KEY: Acceptance criteria; Colours used in the Risk Matrix.**

Colour	Description
Red	<b>Unacceptable Risk:</b> Control Measures must be taken.
Yellow	<b>Assessment Range:</b> Measures must be considered.
Green	<b>Acceptable Risk Measures:</b> can be considered based on other considerations.

To record and assess Risk rating arising from activities identified from your Hazard Register (See Form SS8) and Job Safety Task Analysis (JSTA) (See Form SS10).

**These are measures that prevent the incident occurring**

[illegible]

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# HAZARDOUS SUBSTANCES (& DANGEROUS GOODS) REGISTER

This checklist is a guide to assist the process of assessing safety in the storage and use of hazardous substances in workplaces.

**Smart Safety means going home safely EVERY DAY!**

**MSDS** Material Safety Data Sheets

**HSNO** Hazardous Substances and New Organisms

For further information, visit: [www.hazardoussubstances.govt.nz](http://www.hazardoussubstances.govt.nz)

Name of Site: \_\_\_\_\_

Date: DD / MM / YEAR

Name of Substance	Volume & Quantity	Type (Solid, Liquid, Gas)	Are MSDS for each available Onsite? YES/NO	Storage Location	HSNO number & usage	HSNO Controls	HSNO Classification (if known)	Storage Requirements
Example ONLY Sulphuric acid	Example 20L	Example Liquid	Example Yes	Example Hazardous substance store	Example HSR001572 Commonly used	Example PPE Approved Handler		

Form SS9/2

## This guide is to assist you in completing the Job Safety Task Analysis (JSTA) Worksheet and record keeping.



Once the new risk control measures are in place they must be communicated and regularly reviewed in conjunction with the Health & Safety rep and employee/worker participation.

The Job Safety Task Analysis (JSTA) worksheet is used to detail the hazards, tasks and controls required to complete the work. Some tasks are routine, and may have been done the same way for years – sometimes safely, sometimes not.

The Job Safety Task Analysis (JSTA) is a tool used to inform those performing these tasks about the best and safest way to do the job. The Job Safety Task Analysis Worksheet involves five steps to execute an effective job safety task analysis:

### 1. Document the activity

Assemble those involved in the activity and, using the Job Safety Task Analysis (JSTA) worksheet (See Form SS10/2), record all the known hazards and breakdown the tasks into step by step and record.

### 2. Identify the hazards

Next to each task step, identify what part of the activity could cause injury or harm to those carrying out the task or the likelihood of injury or harm to others in the immediate vicinity.

### 3. Identify the Hazard Control methods for Risk Rating (See Form SS8/2)

For each identified hazard, assess the associated level of risk to those involved (e.g. High, Medium, Low), and list the control measures required to eliminate or minimise those risks. Record your Control Measures (See Form SS8/3)

### 4. Assign responsibility to one person

Record the name of the person responsible for implementing the control measure/s and ensure the person knows they are responsible.

### 5. Monitor & Review

While the work is underway, ensure the activity is supervised & processes followed. Documentation should be reviewed whenever any activity changes or when there is a change of personnel.

### 6. Improve

Make all necessary improvements, ensure everyone knows and keep a record. Good record keeping and following your health & safety procedures and plan will help to reduce the risk of injury or harm in the workplace, keeps workers safe and improves overall health & safety practices and productivity.

# JOB SAFETY TASK ANALYSIS (JSTA) WORKSHEET

Company Name: \_\_\_\_\_ Date: DD / MM / YEAR Sheet No.: \_\_\_\_\_

Site Name: \_\_\_\_\_ Permit to work required? (tick) YES ☐ NO ☐

Site Location: \_\_\_\_\_ Employee/Contractor: \_\_\_\_\_ (Name) \_\_\_\_\_ (Name)

JSTA Signed off by: \_\_\_\_\_ (Title) \_\_\_\_\_ Date: DD / MM / YEAR

Job Steps	Significant Hazards	Hazard Control Methods	Eliminate or Minimise	Who Implements Controls
List the tasks required to perform the activity in the sequence they are carried out	Against each task list the potential significant hazards that could cause injury when task is performed from the identified hazard	List the control methods required to Eliminate or Minimise the risk of injury from the identified hazard		Write the name of the person responsible (supervisor or above) to implement the control measure identified.
1	1			Name: _____ Signature: _____
2	2			Name: _____ Signature: _____
3	3			Name: _____ Signature: _____
4	4			Name: _____ Signature: _____
<b>PPE required is:</b> <input type="checkbox"/> Hard Hat <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Eye Protection <input type="checkbox"/> Footwear <input type="checkbox"/> Hand Protection <input type="checkbox"/> Fluro Vest <input type="checkbox"/> Long Sleeved Shirt <input type="checkbox"/> Other _____				
<b>Emergency Action Plan:</b> <input type="checkbox"/> Completed <input type="checkbox"/> Communicated <input type="checkbox"/> Emergency and Evacuation Notice Posted				
<b>Nearest Medical Centre Contact Details:</b> Surgery Name: _____ Phone: _____ (Day) _____ (A/Hrs) Address: _____ Hours _____ am to _____ pm A/Hrs Contact: _____				

# STARTUP CHECKLISTS

## Complete this checklist to begin your safety process

**Purpose:** BEFORE starting work on site you **MUST** complete this checklist.  
Complete each task and sign them off with a ✓ to confirm they are done.

Date: DD / MM / YEAR      Time: \_\_\_\_\_ am/pm      Location: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Sign When Completed: \_\_\_\_\_

Have you done or completed the following tasks?	YES	N/A
1. Included your health & safety requirements in your tender documents or quote requests?		
2. Informed your client/main contractor about your/their safety obligations upon signing the work contract. (Note: health & safety obligations and responsibilities are essential and should be clearly defined within contract descriptions)		
3. Instituted a critical path health & safety plan – outlining the process for working the project safely; identifying the preferred contractors and suppliers. The level of risk involved will determine the depth of detail required – e.g. Higher Risk = Greater Detail		
4. Have you ensured the competencies, qualifications (including trade qualifications) and updated licensing of all persons, workers, employees and/or contractors on the project?		
5. Have you ensured that all persons, workers, employees and/or contractors have been taken through relevant safe work methods for tasks to be performed?		
6. Does the person, worker, employee and/or contractor have the correct Personal Protective Equipment (PPE) available? <ul style="list-style-type: none"> <li>• Hard hat / Safety glasses / Gloves</li> <li>• Hearing Protection</li> <li>• Long Sleeved Shirt (if required)</li> <li>• High Visibility Vest</li> <li>• Safety Footwear</li> <li>• Other _____</li> </ul>		
7. Has the person, worker, employee and/or contractor been informed of what to do in an emergency and identified the location of the: <ul style="list-style-type: none"> <li>• Safe assembly point and evacuation route?</li> <li>• Closest medical facility?</li> <li>• Contact details of emergency services?</li> <li>• Provisions for emergency communications?</li> </ul>		
8. Have you shown the person, worker, employee and/or contractor the: <ul style="list-style-type: none"> <li>• Location of the first aid facilities/kits?</li> <li>• Who the first aid trained people are and how to obtain treatment?</li> </ul>		
9. Have you shown the person, worker, employee and/or contractor where all relevant fire fighting equipment is located – Fire extinguishers, hose reels, etc?		
10. Have you introduced the person, worker, employee and/or contractor to their health & safety representative(s)?		
11. Have you shown the person, worker, employee and/or contractor where the amenities are located – including drinking water and toilets)?		
12. Have you explained the procedures for identifying and/or reporting accidents, incidents, injuries, near misses and hazards?		

# STARTUP SITE CHECKLIST

Have you done or completed the following tasks? (Continued)	YES	N/A
13. Has the person, worker, employee and/or contractor been set up, or trained and is competent to use any specialised equipment they may be required to operate?		
14. Have you explained the site health & safety rules and made the person, worker, employee and/or contractor aware of their individual legal obligations and responsibilities to ensure their own and others health & safety whilst at the workplace/site?		
15. Have you explained the workplace/site security procedures?		
16. Have you given the person, worker, employee and/or contractor the opportunity to ask questions about their responsibilities and have any issues clarified?		

Establish workplace/site safety measures as follows:	✓	✗
1. Site Evaluation and Hazard Assessment: Complete Hazard and Risk Registers (See Forms SS7 & SS8)		
2. Complete Site Emergency Evacuation Plan (See Form SS12) and display in a highly visible position on the site		
3. Site Signage: <b>DANGER</b> and/or <b>HAZARD</b> board signs are fixed into position		
4. Ensure the availability of amenities such as toilets, wash facilities, drinking water and first aid station		
5. Complete a persons/worker/contractor/employee list – detailing emergency contact details for all workplace/site personnel		
6. Advise neighbouring properties of the intended nature and timing of the project/process/works. Provide written notification about workplace/site safety measures		
7. Ensure all first aid and/or fire fighting equipment is in working order, up to date and easily accessible		

Other Safety Considerations/Measures/Comments:

# EMERGENCY HEALTH & SAFETY PLAN



**Having an Emergency Health & Safety Plan is mandatory.**

Project / Site / Job / Workplace:	Employer / Person Conducting Business or Undertaking (PCBU):
Emergency situations – List them:	What to do in this event:
Who is responsible?	What are they responsible for?
Evacuation procedures:	Instruction for visitors?  Where to assemble?  What type of alarm exists?
Medical Treatment:  Who are First Aiders:  Location & contact details of nearest medical centre	Emergency Services:  111 - Fire / Police / Ambulance  Key Subcontractors Ph:
Training / Communication of the Emergency Plan	How and when you train your staff?



# EMERGENCY HEALTH & SAFETY PLAN

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Ph: \_\_\_\_\_ Implementation Process last updated on: DD / MM / YEAR

**Our Health & Safety Commitment Statement:** *(insert here)*

**Our Health & Safety Policy Statement:** *(insert here)*

OUR GENERAL HEALTH & SAFETY POLICY IMPLEMENTATION PLAN IS AS FOLLOWS:				
Policy	Name & Title / Role of person Responsible to Action	Action Required to implement your Policies	Status <i>(tick one of the following)</i>	Comments / Form # Reference
			<input type="checkbox"/> <b>NO</b> the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> <b>YES</b> Action has been completed	
			<input type="checkbox"/> <b>NO</b> the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> <b>YES</b> Action has been completed	
			<input type="checkbox"/> <b>NO</b> the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> <b>YES</b> Action has been completed	
			<input type="checkbox"/> <b>NO</b> the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> <b>YES</b> Action has been completed	
			<input type="checkbox"/> <b>NO</b> the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> <b>YES</b> Action has been completed	
			<input type="checkbox"/> <b>NO</b> the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> <b>YES</b> Action has been completed	
<b>Health &amp; Safety Posters Displayed</b> <i>(In visible areas to maximise workers ability to see them):</i>  First Aid box located: _____ Accident & Incident Register located: _____ Hazards & Risk Register located: _____ Signed by employer <i>(signature &amp; name)</i> : _____		<b>Emergency Evacuation Plan:</b> Evacuation Plan completed & communicated: DD / MM / YEAR Practiced: DD / MM / YEAR <input type="checkbox"/> Completed <input type="checkbox"/> Practiced <input type="checkbox"/> Communicated Emergency and Evacuation notice posted: _____  Date posted: DD / MM / YEAR Time posted: _____ am / pm		<b>Nearest Medical Centre contact details:</b> Medical Centre name: _____ Medical Centre Daytime Ph No.: _____ Medical Centre A/Hrs. Ph No.: _____ Medical Centre Address: _____ Opening Hrs: _____ A/Hrs. Contact Person Name: _____
<b>Next Review of our Health &amp; Safety Policy:</b> Date: DD / MM / YEAR	<b>Next Practice of our Emergency Evacuation Plan:</b> Date: DD / MM / YEAR <b>Next Review of our Health &amp; Safety Implementation:</b> Date: DD / MM / YEAR	<b>For Emergency Medical Assistance:</b> <b>Dial 111 and ask the operator for an Ambulance</b>		

# Example of a HEALTH & SAFETY EMERGENCY PLAN

Company Name: Pure Health & Safety Ltd Contact: Joe Bloggs Ph: 021 264 3041 Implementation Process last updated on: 11 / 05 / 2016

## Our Health & Safety Commitment Statement:

Pure Health and Safety Ltd is driven to ensure health & safety remains an absolute priority in our business and that everything practical is done to support worker safety and prevent accidents, injuries and incidents in our workplace, to enable everyone to go home safely at the end of their work day.

## Our Health & Safety Policy Statement:

Whilst the overall responsibility for health & safety in our workplace rests with our Board, the day to day responsibility for ensuring our Health & Safety Policy is implemented & practiced. Actions are delegated to our Health & Safety Representative, along with adequate resources provided by the Board to implement this Policy.

## OUR GENERAL HEALTH & SAFETY POLICY IMPLEMENTATION PLAN IS AS FOLLOWS:

Policy	Name & Title / Role of person Responsible to Action	Action Required	Status (tick one of the following)	Comments / Form # Reference
To prevent accidents, injuries and incidents and cases of worker related ill health. Provide adequate control of health & safety risks & hazards.		Relevant risk assessments completed and actions implemented. Risk assessments review annually or earlier if required.	<input type="checkbox"/> NO the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input checked="" type="checkbox"/> YES Action has been completed	SS8/3
To provide adequate training and resources to ensure workers are competent to do their work.		Workers given adequate training & resources to do their job. Incl. working at height, electrical safety and use of Personal Protective Equipment (PPE).	<input type="checkbox"/> NO the Action has not taken place <input type="checkbox"/> Action Partly in place / Ongoing <input checked="" type="checkbox"/> YES Action has been completed	SS14/1
To engage & consult with employees / workers on day to day Health & Safety issues affecting their workplace & work habits.		Worker routinely consulted and engaged in Health & Safety matters as they arise.	<input type="checkbox"/> NO the Action has not taken place <input checked="" type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> YES Action has been completed	
To implement emergency procedures / evacuation in case of fire or other significant incident. Complete Emergency Evacuation Plan		Evacuation routes identified, well signed and kept clear. Evacuation plans tests and updated regularly.	<input type="checkbox"/> NO the Action has not taken place <input checked="" type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> YES Action has been completed	SS12/4
Maintain healthy and safe working conditions. Provide and maintain plant, equipment and machinery and ensure safe storage/use of substances.		Toilets, washing facilities, drinking water and eating areas are provided. Regular inspection of machinery and equipment undertaken with action to redress defects taken promptly.	<input type="checkbox"/> NO the Action has not taken place <input checked="" type="checkbox"/> Action Partly in place / Ongoing <input type="checkbox"/> YES Action has been completed	
<b>Health &amp; Safety Posters Displayed</b> (In visible areas to maximise workers ability to see them):  First Aid box located: _____ Accident & Incident Register located: _____ Hazards & Risk Register located: _____ Signed by employer (signature & name): _____		<b>Emergency Evacuation Plan:</b> Evacuation Plan completed & communicated: DD / MM / YEAR Practiced: DD / MM / YEAR <input type="checkbox"/> Completed <input type="checkbox"/> Practiced <input type="checkbox"/> Communicated Emergency and Evacuation notice posted: _____  Date posted: DD / MM / YEAR Time posted: _____ am / pm	<b>Nearest Medical Centre contact details:</b> Medical Centre name: _____ Medical Centre Daytime Ph No.: _____ Medical Centre A/Hrs. Ph No.: _____ Medical Centre Address: _____ Opening Hrs: _____ A/Hrs. Contact Person Name: _____	

## Next Practice of our Emergency Evacuation Plan:

Date: DD / MM / YEAR

## Next Review of our Health & Safety Implementation:

Date: DD / MM / YEAR

## Next Review of our Health & Safety Policy:

Date: DD / MM / YEAR

For Emergency Medical Assistance:

**Dial 111 and ask the operator for an Ambulance**

## Emergency Evacuation Plan & Procedures

 **Dial 111** For:

**FIRE, AMBULANCE, POLICE, GAS, CHEMICAL SPILLS, ELECTRICAL & OTHER EMERGENCIES**

Phone numbers may differ, check your local directory

**All notifiable events must be reported to WorkSafe NZ immediately on 0800 03 00 40**

### Mark important numbers with a permanent marker:

Medical Centre / Hospital	(       )
WorkSafe NZ	( 0800 ) 03 00 40
Civil Defence	(       )
NZ National Poisons Centre	( 0800 ) 76 47 66
Power (24hr Faults)	(       )
Gas Company	(       )
Security	(       )

### In an emergency, the following warning may sound:

If this warning sounds, SHUT DOWN all plant and equipment and proceed IMMEDIATELY to the SAFE ASSEMBLY POINT, remain there until given official clearance.

Arrange for someone to meet emergency services.

- Stay calm
- Report to your Supervisor

Site Manager Name:

Site Manager Ph:

Subcontractors on Site:

Safety Officer is:

Trained First Aider is:

First Aid Kit & Fire Extinguisher  
located at Site Office, or:

### In an earthquake:

- Seek shelter under a table, e.g. solid object that will protect you from falling debris.
- Keep clear of any collapsible structures/objects.
- Evacuate your workplace to the safe assembly point and remain there until official clearance.

### Pure Health & Safety's Vision Statement:

**"People have quality health & safety knowledge at work,  
to remain safe and return home at the end of their day"**





# Accidents and Incidents Pack

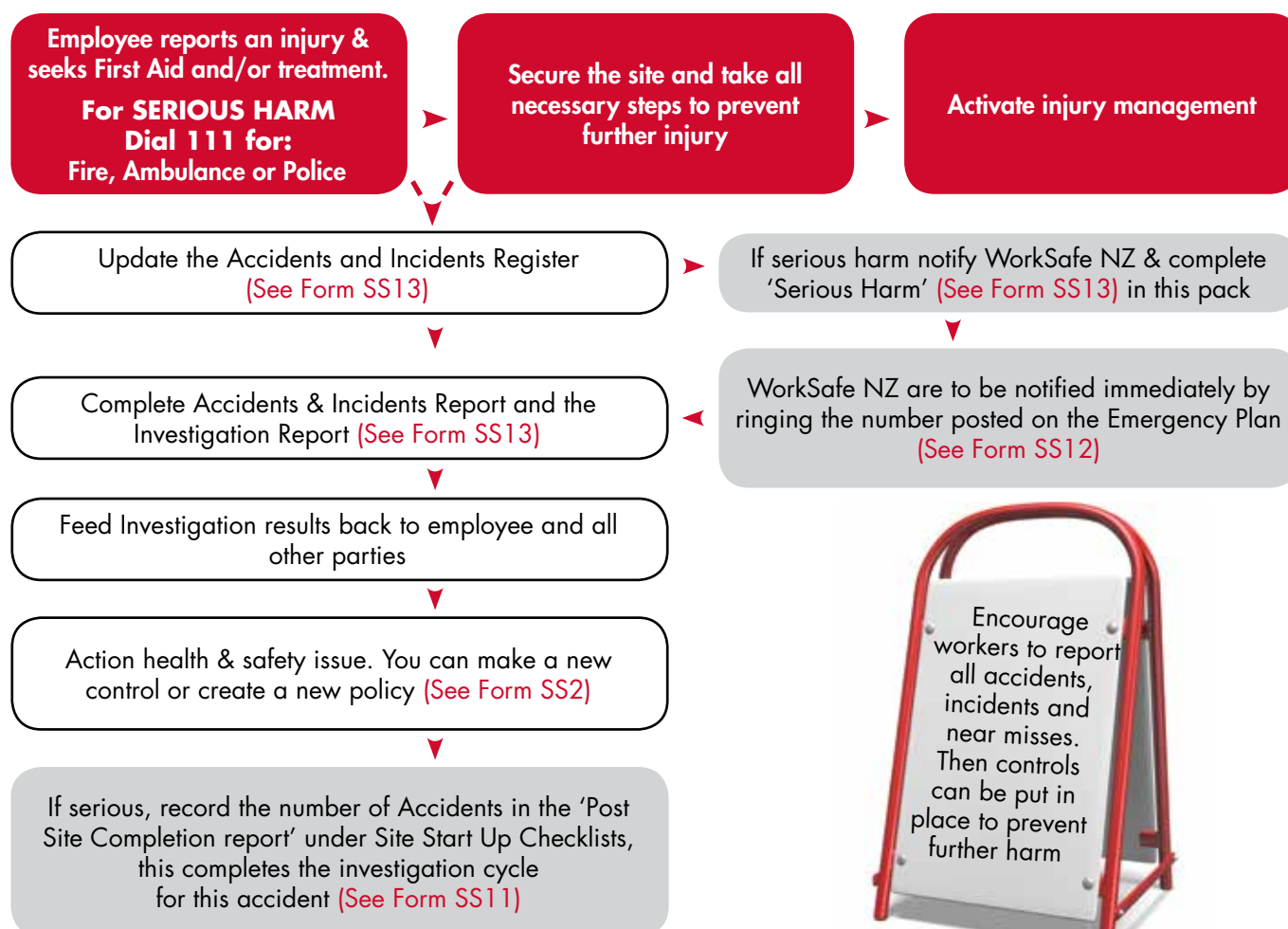
All notifiable events must be reported to WorkSafe NZ immediately on 0800 03 00 40

## What's Inside?

Form No.	Title
SS13/2	In the event of Serious Harm (Flow Chart)
SS13/3 SS13/4	Register or Notification of Circumstances of Accident or Serious Harm
SS13/5	Accidents and Incidents Register
SS13/6 SS13/7 SS13/8	Accidents and Incidents Investigation Report

## In the event of Serious Harm (Flow Chart)

Contact your Safety Advisor for assistance



# ACCIDENTS AND INCIDENTS – SERIOUS HARM

## Register and/or Notification of Circumstances of Accident or Serious Harm

Required under the Health and Safety at Work Act (2015).

**All notifiable events must be reported to WorkSafe NZ immediately on 0800 03 00 40**

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 no.)


**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, or details of vehicle, ship or aircraft).


**4. Personal data of injured person:**

Name:

Residential Address:

Date of birth: DD / MM / YEAR      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 of birth: DD / MM / YEAR

Shift: ☐ Day   ☐ Afternoon   ☐ Night

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

**10. Mechanism of accident / serious harm:**

- ☐ Fall / trip / slip   ☐ heat / radiation or energy  
☐ hitting objects with part of the body  
☐ biological factors   ☐ sound or pressure  
☐ chemicals or other substances   ☐ mental stress  
☐ being hit by moving objects   ☐ body stressing

**11. Agency of accident / serious harm:**

- ☐ machinery or (mainly) fixed plant  
☐ mobile plant or transport  
☐ powered equipment, tool, or appliance  
☐ non-powered hand tool, 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:** *(Tick all that apply)*

- ☐ head   ☐ neck   ☐ trunk   ☐ upper limb  
☐ lower limb   ☐ multiple locations  
☐ systemic internal organs

**13. Nature of injury or disease:**

(Tick all that apply)

- ☐ fatal
- ☐ fracture of spine
- ☐ other fracture
- ☐ dislocation
- ☐ sprain or strain
- ☐ head injury
- ☐ internal injury of trunk
- ☐ amputation, including eye
- ☐ open wound
- ☐ superficial injury
- ☐ bruising or crushing
- ☐ foreign body
- ☐ burns
- ☐ nerves or spinal chord
- ☐ puncture wound
- ☐ poisoning or toxic effects
- ☐ multiple injuries
- ☐ damage to artificial aid
- ☐ disease, nervous system
- ☐ disease, musculoskeletal system
- ☐ disease, skin
- ☐ disease, digestive system
- ☐ disease, infectious or parasitic
- ☐ disease, respiratory system
- ☐ disease, circulatory system
- ☐ tumour (malignant or benign)
- ☐ 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:

Date: DD / MM / YEAR

Name:  
(capitals)

Position:  
(capitals)

### Pure Health & Safety's Vision Statement:

**"People have quality health & safety knowledge at work,  
to remain safe and return home at the end of their day"**





# ACCIDENTS AND INCIDENTS REGISTER

Project / Site / Job		PCBU/Employer				
Date & Time AM/PM	Name of person (injured or observer): • Description of accident / incident / near miss • Cause of harm (if any) • Type of injury / disease (if any)	Immediate action taken: • First Aid/Injury Management • Corrective action/Controls • Review Hazard Register	Serious Harm? Y / N	WorkSafe NZ Notified? Y / N (and Date)	Investigation actioned and documented Y / N	Investigation outcomes discussed at safety meeting on (date):

# INCIDENT REPORT

This page is to be completed by the person/s who has been injured or involved in a near miss incident. If they are unable to complete this form, the person undertaking the incident investigation shall complete this form.

**Date of incident:** DD / MM / YEAR **Date incident reported:** DD / MM / YEAR **Ref #:** \_\_\_\_\_

This report is made by: *(Tick one)*

☐ Employee ☐ Supervisor ☐ Team ☐ Other \_\_\_\_\_

## Step 1: Injured employee

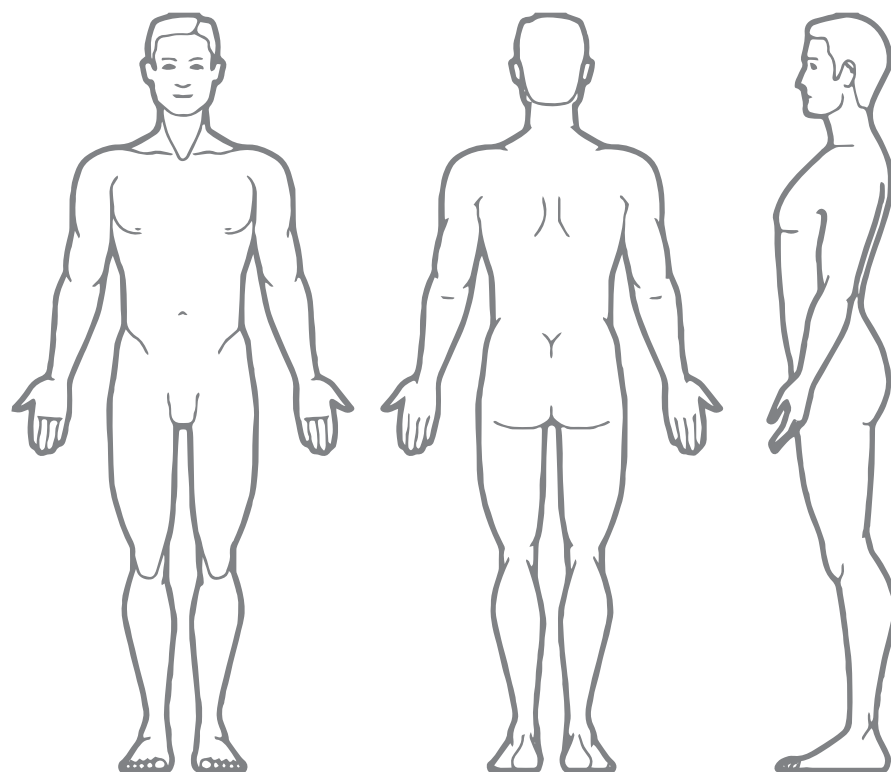
*(complete this part for each injured employee)*

Name: \_\_\_\_\_ Sex: Male / Female *(circle one)*

Age: \_\_\_\_\_ Job title at time of incident: \_\_\_\_\_

Length of employment: \_\_\_\_\_ on job: \_\_\_\_\_

**Part of body affected** *(shade all that apply)*



## Nature of injury:

- ☐ Abrasion, scrapes
- ☐ Amputation
- ☐ Bruising
- ☐ Burn scald (heat)
- ☐ Burn (chemical)
- ☐ Chemical reaction
- ☐ Concussion (to the head)
- ☐ Crushing Injury
- ☐ Cut, laceration, puncture
- ☐ Dislocation
- ☐ Foreign Body
- ☐ Fracture/Broken Bone
- ☐ Hernia
- ☐ Internal
- ☐ Sprain, strain
- ☐ Damage to a body system:
- ☐ Other (specify) \_\_\_\_\_

Nature of injury - Comments: \_\_\_\_\_

## Step 2: Describe the incident

Location of the incident: \_\_\_\_\_ Exact time: \_\_\_\_\_ am/pm

Period of employee's workday? ☐ Entering or leaving work ☐ Doing normal work activities

☐ During meal period ☐ During break ☐ Working overtime ☐ Other \_\_\_\_\_

Names of witnesses *(if any)*: \_\_\_\_\_

What are the chances of it happening again? ☐ Minor ☐ Occasional ☐ Often

# ACCIDENTS & INCIDENTS INVESTIGATION REPORT

**Instructions:** Investigator to complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: (Tick one)

**Incident Report Ref #:** \_\_\_\_\_

☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
------------------------	-----------------------------	--------------	------------------

What personal protective equipment was being used? (if any)

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details: \_\_\_\_\_

(continue on attached sheet if necessary)

## Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

Unsafe acts by people: (Check all that apply)

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment defective
- ☐ Workstation layout is hazardous
- ☐ Unsafe lighting
- ☐ Unsafe ventilation
- ☐ Lack of needed personal protective equipment
- ☐ Lack of appropriate equipment / tools
- ☐ Unsafe clothing
- ☐ No training or insufficient training
- ☐ Other: \_\_\_\_\_

- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective equipment
- ☐ Using equipment in an unapproved way
- ☐ Unsafe lifting or movement
- ☐ Taking an unsafe position or posture
- ☐ Distraction, teasing, horseplay
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment / tools
- ☐ Other: \_\_\_\_\_

Why did the unsafe conditions exist? \_\_\_\_\_

Why did the unsafe act/s occur? \_\_\_\_\_

Is there a reward (such as "the job can be done more quickly" or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No

If **yes**, describe: \_\_\_\_\_

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No

If **yes**, describe: \_\_\_\_\_

# ACCIDENTS & INCIDENTS INVESTIGATION REPORT

## Damage to Property

Describe property damaged: \_\_\_\_\_

\_\_\_\_\_

Nature of damage: \_\_\_\_\_

\_\_\_\_\_

Object / substance inflicting damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Step 2: Describe the incident

**What changes do you suggest to prevent this incident / near miss from happening again?**

- |   |  |
|---|--|
| <input type="checkbox"/> Stop this activity, guard the hazard | <input type="checkbox"/> Train the supervisor(s)             |
| <input type="checkbox"/> Train the employee(s)                | <input type="checkbox"/> Redesign work station               |
| <input type="checkbox"/> Redesign task steps                  | <input type="checkbox"/> Write a new policy / rule           |
| <input type="checkbox"/> Enforce existing policy              | <input type="checkbox"/> Personal Protective Equipment (PPE) |
| <input type="checkbox"/> Routinely inspect for the hazard     | <input type="checkbox"/> Other: _____                        |

**What should be, or has been done, e.g. Control Measures, to carry out the suggestion(s) checked above?**  
(Continue description on attached sheets if required)

Action	By whom	By when	Done ✓

Accident Investigated by:

Title:

Signature:

Date: DD / MM / YEAR

WorkSafe NZ advised	Date	By whom?	How? (tick one)
YES / NO	DD / MM / YEAR		<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____

# TRAINING & SKILLS (COMPETENCY) SUPERVISION REGISTER

Company Name:					Site / Project / Job:		Date: DD / MM / YEAR	
Worker / Contractor Name:	Skills, Competencies and Experience <i>(List Qualifications, Tickets and years of experience)</i>	Work / Tasks for this project <i>(List tasks)</i>	List deficiencies in Skills or Competencies	Additional Training Required PRIOR to Commencement				
				Training needs: • • • Date completed: DD / MM / YEAR				
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# TRAINING & SKILLS (COMPETENCY) SUPERVISION REGISTER

Company Name:		Site / Project / Job:			Date: DD / MM / YEAR
Worker / Contractor Name:	Skills, Competencies and Experience (List Qualifications, Tickets and years of experience)	Work / Tasks for this project (List tasks)	List deficiencies in Skills or Competencies	Additional Training Required PRIOR to Commencement	
				Training needs: • • • Date completed: DD / MM / YEAR	
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				Training needs: • • • Date completed: DD / MM / YEAR	
				Training needs: • • • Date completed: DD / MM / YEAR	
				Training needs: • • • Date completed: DD / MM / YEAR	

**This records the visitor(s) who has/have been inducted onto the Project / Site / Job / Workplace.**

Project / Site / Job / Workplace:

[illegible]



## SITE REGISTER OF CONTRACTORS, SUBCONTRACTORS, PCBU<sub>s</sub> ON SITE

**This is a record of your Contractors, Subcontractors, PCBU's (Person Conducting a Business or Undertaking) who are on the Project / Site / Job / Workplace.**

[illegible]