**OTAGO REGIONAL COUNCIL**

**CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE FOR MEDIUM TO HIGH- RISK WORK**

The Health and Safety at Work Act 2015 requires the Otago Regional Council (ORC) to work with contractors and subcontractors to ensure the safety of all workers and others (volunteers, members of the public etc.). Prior to commencing any contracting work for ORC, you must be an approved contractor. To do this, you must provide us information regarding your health and safety management system.

If you have been pre-qualified by another method (e.g. SiteWise, IMPAC Prequal, ISO 4801:2001) with an acceptable safety score, you only need to complete this Part A, B and D of this questionnaire. You also need to provide us with a copy of your health and safety pre-qualification details if requested.

ORC approved contractors will be reviewed annually or as required to ensure that the required information is valid and up to date. We expect contractors to be forthcoming with any information that may affect your health and safety qualification/status.

**Instructions**

* Please complete all required sections of the form below
* If you are unable to supply some information, please explain further in the comments section
* Attach copies of the requested evidence to support your application ***(Please note: blank templates will not be accepted as evidence, examples of completed templates are required).***

Please submit this document (with supporting evidence) through to your key contact at ORC who will forward it to the Safety and Wellbeing Team for approval. Forms are to be emailed to [**contractor.safety@orc.govt.nz**](mailto:contractor.safety@orc.govt.nz)**.**

Refer to ORC’s “Contractor Health and Safety Policy and Procedure” for further information, including detail on work risk types.

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| **Part A: Contractor Details** | | | | | | |
| Business Name: | |  | | | | |
| Address: | |  | | | | |
| Contact Person & Job Title: | |  | | | | |
| Email: | |  | | | | |
| Office phone: | |  | | Cell number: |  | |
| Contact person at ORC: | |  | | | | |
| Brief description of services your company will be providing to ORC and contract terms (if known): | |  | | | | |
| Number of employees: | |  | | | | |
| Details of Health and Safety Representative (HSR) for your organisation (if applicable): | |  | | | | |
| **Part B: Pre-Qualification via third-party provider** | | | | | | |
| Are you Pre-Qualified with another recognised provider? | Yes  No | | Provider Name: | | | Details/Score: |
| You can proceed directly to “Part D: Declaration” if you are pre-qualified with via the following:   * SiteWise (minimum score 75%) * PREQUAL/IMPAC (minimum score 60%) * AS/NZS 4801:2001 * CAA Safety Management System (SMS) certification * Or suitable equivalent | | | | | | |

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| **Part C: Evidence of Health and Safety Management Systems** | | |
| **Information Required & Recommended Evidence** | **Evidence Supplied**  **Yes No N/A** | **Comments** |
| **What insurances do you hold?**  **Evidence: Please provide Valid Insurance Certificates** | ☐ ☐ ☐ |  |
| **Do you have a Health and Safety Policy?**   * Please provide a copy of the policy | ☐ ☐ ☐ |  |
| **Do you have a process for reporting and investigating all incidents and near misses?**   * Incident report & investigation example * Incident reporting procedures * Process for reporting serious harm incidents/incidents notifiable to Worksafe NZ | ☐ ☐ ☐ |  |
| **What training and information (such as safe work procedures) is provided to your workers?**   * Training register * Induction program information * Qualification/competence certificates | ☐ ☐ ☐ |  |
| **Do you have a process in place for supervision of workers?**   * Details of workers requiring supervision * Procedures for any workers requiring supervision | ☐ ☐ ☐ |  |
| **Information Required & Recommended Evidence** | **Evidence Supplied**  **Yes No N/A** | **Comments** |
| **Do you have procedures in place for managing hazards and risks?**   * Hazard or Risk Register * Completed Job Safety Analysis/Safe Work Method Statement or similar for a recently completed job * Site Specific Safety Plan (SSSP) for construction or high-risk work | ☐ ☐ ☐ |  |
| **Will you be using hazardous substances during your work for ORC?**   * Provide current Safety Data Sheets relevant to the work * Compliance certificates * Details of workers who are certified handlers | ☐ ☐ ☐ |  |
| **Do you have procedures in place for emergency management?**   * Emergency plans and procedures | ☐ ☐ ☐ |  |
| **Do you have procedures in place for checking plant & equipment?**   * Inspection, testing and maintenance records for any plant/equipment being used | ☐ ☐ ☐ |  |
| **Will you be engaging subcontractors and if so, how do you manage subcontractor health and safety?**   * Assessment of their competency * Induction process * Procedures for controlling their safety performance | ☐ ☐ ☐ |  |
| **Have you had any interactions with Worksafe, the Civil Aviation Authority (CAA) or other regulator in the past 3 years?**   * Including Enforceable Undertakings, Notifications, Investigations, Improvement or Prohibition Orders and Prosecutions | ☐ ☐ ☐ |  |
| **Information Required & Recommended Evidence** | **Evidence Supplied**  **Yes No N/A** | **Comments** |
| **Do you have a process for addressing actions following audits and/or site inspections?** | ☐ ☐ ☐ |  |

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| **Part D: Contractor Declaration** | | | |
| The contractor supplying the services to the Otago Regional Council (ORC) shall comply in all respects with New Zealand law governing Health and Safety (Health and Safety Legislation) including but not limited to:   * the Health and Safety at Work Act 2015 (HSWA) * all relevant Regulations made under the HSWA * all relevant codes of practice * all relevant guidelines provided with Worksafe NZ * all relevant Australian and New Zealand safety standards.   The contractor agrees to advise ORC prior to the engagement of any subcontractors. The contractor agrees to provide and maintain safe systems of work to ensure the safety of any subcontractors.  The contractor agrees to notify ORC of any safety hazards, near misses or incidents that take place whilst undertaking work for, or on behalf of ORC. The contractor must notify Worksafe NZ directly of any notifiable event, accident, or serious harm, in addition to notifying ORC as soon as possible.  The contractor agrees to consult, coordinate, and cooperate with ORC and any other PCBU’s where overlapping duties exist.  The contractor agrees to prepare a health and safety plan specific to the work being undertaken prior to the work commencing and provide a copy of this plan to ORC upon request. | | | |
| **Name/Signature** |  | **Date** |  |

**ORC USE ONLY: ORC TO COMPLETE FORM BELOW FOLLOWING CONTRACTOR ASSESSMENT**

ORC Safety & Wellbeing team member or suitable ORC assessor to complete either Part A or B below.

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| **Part A) Pre-Qualification with Third-Party Provider** | **Adequate Score Obtained?** | | |
|  | **Yes** | **No** | **More info** |
| **Name of Provider:** |  |  |  |

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| **Part B) Checklist of Information Provided by Contractor** | **Adequate Evidence Supplied?** | | |
|  | **Yes** | **No** | **More info** |
| **Valid & Current Insurance Certificates** |  |  |  |
| **Copy of signed Health and Safety Policy** |  |  |  |
| **Incident/ near miss procedure provided with example forms** |  |  |  |
| **Training register, matrix, induction program details, qualification/competence certificates** |  |  |  |
| **Procedures for managing hazards/risks with examples** |  |  |  |
| **Procedure for managing hazardous substances** |  |  |  |
| **Emergency management procedures** |  |  |  |
| **Plant/Equipment maintenance procedures** |  |  |  |
| **Subcontractor management (if applicable)** |  |  |  |
| **Details of Worksafe interactions (if applicable)** |  |  |  |

**Contractor demonstrates compliance with H&S requirements:**

**Yes – send approval letter**

**No – send letter declining contractor**

**No – further information needed; letter sent to contractor with timeframe to respond (e.g. 30 days)**

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| **ORC Assessor of H&S Requirements** | | | |
| **Name/Signature** |  | **Date** |  |