



MODULE HOSTS PREQUALIFICATION REVIEW

NZYF/HS/019

30/05/2016

The following questionnaire is designed to help us review your health and safety to ensure your business has a system and procedures to manage health and safety risks when working at our events. Please complete all questions in the survey and be aware that we may ask for copies of relevant systems and documentation.

This checklist is to confirm that you have a system or procedures in place showing you have the ability to address your responsibilities as a Person Conducting a Business or Undertaking (PCBU) under the Health and Safety at Work Act 2015 (HSWA)

1. Business Information

Company/Business Name:	
Type of work engaged to do:	
Company Contact (the person we will be attending the NZYF event)	
Contact Mobile #	

2. To address your responsibilities & duties under the HSWA, you need to have the following procedures in place:

(tick in box if answering yes to the question)

	We have a Health & Safety Policy that is signed by management
	Our Health & Safety Policy has been distributed & read by all of our workers and is reviewed at least every 2 years
	Our work practices & safety instructions are documented in our health & safety procedures manual & reviews at least every 2 years
	Hazard Management - We have a documented list of hazards & the risk controls for our work (hazard register or similar). These are available to all staff who have read and competent in managing these hazards.
	PPE - All workers have received information on the correct PPE (personal protective equipment) required for all specific tasks.
	Plant & Equipment – We have a documented procedures for maintaining all plant & equipment to a schedule & in a safe condition to certified requirements i.e. tag tested, WOF, COF.
	Training - Our workers have had some form of basic health & safety training
	Accident Reporting – we have procedures in place for reporting & investigating all incidents including near misses.

Our organisation has the appropriate health & safety systems or procedures in place. This completed questionnaire is a true & accurate representation of what H&S we have in place.

Signature:	Date:
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Hazard Identification

Please outline any hazards of your equipment or hazards that will be created by you bringing this equipment to our event and include how the risk of these hazards will be eliminated or minimised. i.e. PPE, guarding, fencing.

Hazard	Controls in Place

Safety Training

Please outline any safety training or experience the representative(s) from your organisation, who will be attending our event, has. I.e. first aid course, hazard ID course, emergency response, unit standards.
