



Site Specific Safety Plan

v1.1 May 2019

SITE SPECIFIC HEALTH AND SAFETY AGREEMENT

Company Name:

Site Reference:

This agreement establishes the basis for confirming the Health and Safety requirements and considerations for the specific site listed in this agreement.

1. SITE

Site Name:	
Legal description of Site:	
Brief description of activities agreed to be carried out on this site:	

2. PARTIES – THIS AGREEMENT IS BETWEEN:

Principal/Main Contractor

Business name:		
Name of main contact on site:		Contact cellphone:
Type of Business:	<input type="checkbox"/> Client <input type="checkbox"/> Principal <input type="checkbox"/> Main Contractor <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other	
Onsite safety representative:		Contact cellphone:
First aid representative:		Contact cellphone:

Subcontractor

Business name:		
Name of main contact on site:		Contact cellphone:
Type of Business:	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Other	
Onsite safety representative:		Contact cellphone:
First aid representative:		Contact cellphone:



3. RISK MANAGEMENT SUMMARY

The subcontractor agrees to the following Risk Management actions:

		Yes	N/A	Comment
Notifiable Works	Does Worksafe need to be notified of any onsite activities?	<input type="checkbox"/>	<input type="checkbox"/>	
	If 'Yes', have you provided a copy of the notification or a copy of the receipt from Worksafe?	<input type="checkbox"/>	<input type="checkbox"/>	
Task Analysis/ SWMS	Is Task Analysis required for the activities covered by this agreement?	<input type="checkbox"/>	<input type="checkbox"/>	A task analysis is required for high risk work including notifiable work, or for any new or complex activity.
	If 'Yes' have you provided a copy of this?	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard and risk management	Have you provided a Hazard Register or Hazard Board for activities on this site?	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous products and substances	Will any hazardous products or substances be brought onto the site to perform any agreed activities?	<input type="checkbox"/>	<input type="checkbox"/>	If 'Yes' then these products or substances MUST be recorded in a Hazard Products and Substances register.
	Have you provided a Hazard Product and Substances register?	<input type="checkbox"/>	<input type="checkbox"/>	If you have a Hazard Product and Substances Register then you must have the relevant safety data sheets available onsite.
	Have you confirmed that you hold the relevant safety data sheets?	<input type="checkbox"/>	<input type="checkbox"/>	
Emergencies	The subcontractor will receive a copy of an induction to the Main Contractor/ Principals Emergency Plan	<input type="checkbox"/>	<input type="checkbox"/>	
	The subcontractor will provide their own Emergency Plan	<input type="checkbox"/>	<input type="checkbox"/>	
	List any specialist equipment that may be required for an emergency response.	<input type="checkbox"/>	<input type="checkbox"/>	

Site Reference:

4. RISK ASSESSMENT INSPECTIONS

The subcontractor agrees to carry out the following inspections and report the findings to the Principal / Main Contractor:

Type of Inspection	Applicable	Frequency		Comment
Pre-start	NA	Before start		
Site Inspection	NA	Weekly	Day:	
High risk plant or equipment	NA	Weekly	Day:	
Vehicles	NA	Weekly	Day:	
Other:				

5. INCIDENT REPORTING

The subcontractor agrees to the following Incident Reporting:

Type of Incident	Frequency		Comment
Serious harm	Immediately	Within 24 hours	
First aid required	Immediately	Within 24 hours	
Near miss with the potential of serious harm	Immediately	Within 24 hours	
Near miss – minor	Immediately	Within 24 hours	
Damage to property	Immediately	Within 24 hours	
The subcontractor will provide own reporting systems/paperwork	Yes	No	

6. COMMUNICATION

The subcontractor agrees to the following Communication actions:

Type of Communication	Yes	N/A	Comment
Project pre-start meeting	<input type="checkbox"/>	<input type="checkbox"/>	
Toolbox talk	<input type="checkbox"/>	<input type="checkbox"/>	
Progress meeting	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Site Reference:

7. TRAINING AND COMPETENCY

The subcontractor agrees that:

	Yes	No	Comment
Every worker will be given a pre-start briefing	<input type="checkbox"/>	<input type="checkbox"/>	
Every worker will be given task specific briefings	<input type="checkbox"/>	<input type="checkbox"/>	
Every worker will be either appropriately competent or fully supervised	<input type="checkbox"/>	<input type="checkbox"/>	

For the activities set out in section one of this agreement, the subcontractor agrees to provide evidence of competency for any workers participating in the following:

Activity Type	Competency required

8. ENVIRONMENTAL

	Yes	No	Comment
Is an Environmental Plan required for this site?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a Resource Consent required for the activities the subcontractor will undertake on the site?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, then a copy of the Resource Consent should be attached to this SSSP.
	Yes	No	Control
Will dust, fumes or smoke be generated that could affect Workers or the public?	<input type="checkbox"/>	<input type="checkbox"/>	
Will noise be generated that could affect Workers or the public?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the subcontractor generate dirty water or runoff, silt or other contaminants while carrying out their activities?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the subcontractor generate construction waste while carrying out their activities?	<input type="checkbox"/>	<input type="checkbox"/>	

Site Reference:

Complete this section if vehicles will be refueling on site.

	Comment
Where is the designate refueling zone?	
How will fuel leaks be controlled?	
How will the potential for fire during refueling be controlled?	

9. SUBCONTRACTORS OF SUBCONTRACTOR

	Yes	No	Comment
The Subcontractor may have subcontractors on site?	<input type="checkbox"/>	<input type="checkbox"/>	
The Subcontractor has obtained a SSSP a from their subcontractors for any activities they will be carrying out on this site.	<input type="checkbox"/>	<input type="checkbox"/>	The subcontractors of subcontractors cannot be covered by this SSSP. A copy of their SSSP must be attached to this SSSP.

10. DECLARATION AND SIGNATURES

The intention of this agreement is to assist both parties to communicate, understand, assess and work together to appropriately manage the health and safety risks to all individuals that may be affected by activities on this site. By signing this agreement, the parties confirm that they have read through this Site Specific Safety Plan and confirm that all necessary documentation mentioned in this agreement has been attached.

Signed by the Main Contractor/Principal

Signed by the Subcontractor

Time:

Date:

Time:

Date:



1. WORKSAFE NOTIFIABLE WORK FORM

NOTIFICATION OF PARTICULAR HAZARDOUS WORK

Use this form to notify WorkSafe New Zealand of particular hazardous work, under reg 26 of the Health and Safety Regulations 1995.



Did you know you can save time by completing this form online, [click here](#)

Work start and completion dates

Intended start date:	Estimated duration:
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Location of work:

Physical address:

Town/city: Postcode:

Main access road:

Location (provide directions on access as needed):

Particular hazardous work details

Nature of particular hazardous work (tick all that apply):

- Logging or tree felling undertaken for commercial purposes.
- Construction work with a risk of falling 5 Metres or more. *(See the last page of this form for exclusions)*
- Erecting or dismantling scaffolding with a risk falling 5 metres or more.
- Use of a lifting appliance where the appliance has to lift a mass of 500 kilograms or more a vertical distance of 5 metres or more. *(See the last page of this form for exclusions)*
- Work in any pit, shaft, trench, or other excavation in which any person is required to work in a space more than 1.5 metres deep and having a depth greater than the horizontal width at the top.
- Work in any drive, excavation, or heading in which any person is required to work with a ground cover overhead.
- Work involving the use of explosives, or storage of explosives for use.
- Work that in which a person breathes compressed air, or respiratory medium other than air (not diving)
- Work that in which a person breathes compressed air, or respiratory medium other than air (diving)



NOTIFICATION OF PARTICULAR HAZARDOUS WORK

Description of work:

Provide a description of the particular hazardous work being carried out:

Control of work:

What is the status of your business in relation to this work?

- Principal (engaging a contractor or sub-contractor to do the work) PCBU (using own employees to do the work)

If an employer, are you a contractor engaged by a principal to do the work?

- Yes No

Contact details:

Legal entity name:

(the name that is used on legal documents)

Trading name:

(if different to legal name)

Industry:

(See the last page of this form for a list of industry options)

New Zealand Business Number (NZBN):

(if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business address:

Town/city:

Postcode:

Name of contact:

(first name, last name)

Phone number:

Mobile number:

Email:

Certificate of competence:

This section only applies for work involving one of the following:

- Scaffolding (all kinds)
- Use of explosives
- Work in, or breathing, compressed air or air substitute (diving)
- Restricted work involving asbestos

Certificate holder:

Certificate number:

Certificate expiry date:

Mobile number:

NOTIFICATION OF PARTICULAR HAZARDOUS WORK

Declaration

I declare that to the best of my knowledge, the information provided in this notification is true and correct.

Full name: (first name, last name)	Date:
Phone number:	Mobile number:
Email:	

Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this notification

Where to send your completed form

Please complete this form online if possible. The online version of the form can be found [here](#).

If completing this form online is not practical you may print it and post it to:

The Registrar
WorkSafe New Zealand
PO Box 105-146
Auckland 1143

Exclusions

Construction work with a risk of falling 5 Metres or more. Excludes:

- work in connection with a residential building up to and including 2 full storeys,
- work on overhead telecommunications lines and overhead electric power lines,
- work carried out from a ladder only, or
- maintenance and repair work of a minor or routine nature.

Use of a lifting appliance where the appliance has to lift a mass of 500 kilograms or more a vertical distance of 5 metres or more. Excludes:

- work using an excavator,
- work a fork-lift, or
- work using a self-propelled mobile crane.

Industry options

Use these options to complete the industry question, under contact details on page 2 (select one)

- Accommodation and food services
- Administration and support services
- Agriculture
- Arts and recreation services
- Construction
- Education and training
- Electricity, gas, water and waste services
- Financial and insurance services
- Fishing
- Forestry
- Health care and social assistance
- Information media and telecommunications
- Manufacturing
- Mining — Minerals
- Mining — Other services
- Mining — Petroleum
- Not elsewhere included
- Other services
- Professional, scientific and technical services
- Public administration and safety
- Rental, hiring and real estate services
- Retail trade
- Transport, postal and warehousing
- Wholesale trade

2. TASK ANALYSIS/SAFE WORK METHOD STATEMENT

Company Name:

Site Reference:

What is the chance of it happening?

Severity of injury

	VERY UNLIKELY TO HAPPEN	UNLIKELY TO HAPPEN	COULD POSSIBLY HAPPEN	LIKELY TO HAPPEN	VERY LIKELY TO HAPPEN
CATASTROPHIC (FATAL)	Moderate	Moderate	High	Critical	Critical
MAJOR (PERMANENT DISABILITY)	Low	Moderate	Moderate	High	Critical
MODERATE (HOSPITAL/SHORT OR LONG TERM DISABILITY)	Low	Moderate	Moderate	Moderate	High
MINOR (FIRST AID)	Very Low	Low	Moderate	Moderate	Moderate
SUPERFICIAL (NO TREATMENT)	Very Low	Very Low	Low	Low	Moderate

Hierarchy of Control

1	ELIMINATE	REMOVE THE HAZARD COMPLETELY
	If this is not reasonably practicable then:	
2	SUBSTITUTE	EITHER WHOLLY OR PARTIALLY WITH SAFER ALTERNATIVE
	ISOLATE	USING PHYSICAL BARRIERS, TIME OR DISTANCE
	ENGINEER	ADAPT TOOLS OR EQUIPMENT TO REDUCE THE RISK
If the risk remains then:		
3	ADMINISTRATIVE	DEVELOP METHODS OF WORK, PROCESSES AND PROCEDURES
	If the risk still remains then as a last resort:	
4	PERSONAL PROTECTION	USE APPROPRIATE PPE GEAR

TASK	POTENTIAL HAZARD/RISK	INITIAL RISK ASSESSMENT	LEVEL OF CONTROL	CONTROL	POST RISK ASSESSMENT	NOTE



Site Reference:

TASK	POTENTIAL HAZARD/ RISK	INITIAL RISK ASSESSMENT	LEVEL OF CONTROL	CONTROL	POST RISK ASSESSMENT	NOTE



Site Reference:

TASK	POTENTIAL HAZARD/ RISK	INITIAL RISK ASSESSMENT	LEVEL OF CONTROL	CONTROL	POST RISK ASSESSMENT	NOTE

Confirmation of Worker Competency – All workers carrying out tasks identified in this analysis must sign to confirm that they have received training and will work to the requirements of this TA/SWMS.

WORKERS NAME	WORKERS SIGNATURE	WORKERS NAME	WORKERS SIGNATURE



3. SITE HAZARD AND RISK REGISTER

Company Name:

Site Reference:

This Site Hazard and Risk Register relates solely to equipment and activities attributed to the sub-contractor and needs to be read in conjunction with the overarching Site Hazard and Risk Register.

IDENTIFIED HAZARD OR HARM	RISK ASSESSMENT	CONTROL	LEVEL OF CONTROL	POST RISK ASSESSMENT	TO BE DISCUSSED AT TOOLBOX MEETING?	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>



Site Reference:

IDENTIFIED HAZARD OR HARM	RISK ASSESSMENT	CONTROL	LEVEL OF CONTROL	POST RISK ASSESSMENT	TO BE DISCUSSED AT TOOLBOX MEETING?	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>



4. HAZARDOUS SUBSTANCES INVENTORY

Company Name:

Site Reference:

Your Inventory Pin:

Name of Inventory:

Date: The Hazardous Substances Calculator will assign you with a pin so you can access your inventory again in future.

NAME OF PRODUCT AND UN NUMBER	APPROVAL NUMBER AND GROUP STANDARD NAME (IF APPLICABLE)	HAZARD CLASSIFICATION (UN CLASS AND PACKING GROUP)	CURRENT SDS AVAILABLE?		SPECIFIC STORAGE AND SEGREGATION REQUIREMENTS	CONTAINER SIZE	OPEN OR CLOSED CONTAINER?	GAS, LIQUID OR SOLID?	LOCATION (EG FLAMMABLE GOODS CABINET, STORAGE ROOM o2)	MAXIMUM LIKELY AMOUNT
			YES	NO						
			<input type="checkbox"/>	<input type="checkbox"/>						
			<input type="checkbox"/>	<input type="checkbox"/>						
			<input type="checkbox"/>	<input type="checkbox"/>						
			<input type="checkbox"/>	<input type="checkbox"/>						
			<input type="checkbox"/>	<input type="checkbox"/>						



5. EMERGENCY RESPONSE PLAN

Company Name:

Site Reference:

Nearest Medical Centre is:

Emergency Action Register:

TYPE OF EMERGENCY	EMERGENCY RESPONSE	EMERGENCY EQUIPMENT REQUIRED	NOTES:



Site Reference:

Emergency Personal Register:

EMERGENCY SERVICE TYPE	PROVIDERS NAME	CONTACT PHONE NUMBER

Emergency Equipment Register:

EQUIPMENT	LOCATION OF EQUIPMENT	OPERATOR REQUIREMENTS

Evacuation Procedures:

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Additional Specialist Emergency Procedures Required:

SPECIALIST PROCEDURE	PERSONAL COMPETENT IN SPECIALIST PROCEDURE	IS PROCEDURE ATTACHED?	
		YES	NO



6. PRE-START SITE INSPECTION CHECKLIST

Company Name:

Site Reference:

Site Address:

Completed by:

Date:

SITE CONTROL

<input type="checkbox"/>	Hazard Board and signage up to date
<input type="checkbox"/>	Safety Inductions complete
<input type="checkbox"/>	Area fenced/access controlled

SITE FACILITIES

<input type="checkbox"/>	Toilets – clean, hand washing area available
<input type="checkbox"/>	Smoko area – clean, portable water
<input type="checkbox"/>	Access to safe power source identified

GENERAL SITE TIDINESS

<input type="checkbox"/>	Vehicle access available
<input type="checkbox"/>	Clear access to work area
<input type="checkbox"/>	Rubbish removal processes identified and accessible

PERSONAL SAFETY EQUIPMENT

<input type="checkbox"/>	Correct footwear is being worn
<input type="checkbox"/>	High vis gear is worn
<input type="checkbox"/>	Confirmed Workers have glass wear/hearing protection/ respirators if require

AWARENESS OF SITE ACTIVITIES

<input type="checkbox"/>	Cranes or lifting equipment on Site
<input type="checkbox"/>	Excavation work on Site
<input type="checkbox"/>	Hot works on Site
<input type="checkbox"/>	Other (list):

FIRST AID/FIRE PREVENTION

<input type="checkbox"/>	First Aid kit stocked and available
<input type="checkbox"/>	Fire extinguishers available, current

ELECTRICAL EQUIPMENT

<input type="checkbox"/>	Mainboard lockable/weatherproof
<input type="checkbox"/>	Electrical equipment in good condition with appropriate guards
<input type="checkbox"/>	Electrical equipment appropriately tagged
<input type="checkbox"/>	Leads safety placed
<input type="checkbox"/>	Adequate temporary lighting

SCAFFOLDING

<input type="checkbox"/>	Notifiable scaffold
<input type="checkbox"/>	Scaftag current
<input type="checkbox"/>	Handrails/midrails
<input type="checkbox"/>	Toe boards
<input type="checkbox"/>	Platforms
<input type="checkbox"/>	Hop ups
<input type="checkbox"/>	Ladders/stairs present and checked
<input type="checkbox"/>	Working platform clear and sufficiently wide
<input type="checkbox"/>	Headroom clear
<input type="checkbox"/>	Good placement against substrate

7. ROUTINE SITE INSPECTION CHECKLIST

Company Name: _____

Site Reference: _____

Site Address: _____

Completed by: _____

Date: _____

Inspection frequency: _____

SITE CONTROL

<input type="checkbox"/>	Hazard Board and signage up to date
<input type="checkbox"/>	Safety Inductions complete
<input type="checkbox"/>	Area fenced/access controlled

SITE FACILITIES

<input type="checkbox"/>	Toilets – clean, hand washing area available
<input type="checkbox"/>	Smoko area – clean, portable water
<input type="checkbox"/>	Access to safe power source identified

GENERAL SITE TIDINESS

<input type="checkbox"/>	General Site is tidy – i.e. no broken masonry on ground
<input type="checkbox"/>	Vehicle access available
<input type="checkbox"/>	Clear access to work area
<input type="checkbox"/>	Rubbish removal processes identified and accessible

PERSONAL SAFETY EQUIPMENT

<input type="checkbox"/>	Correct footwear is being worn
<input type="checkbox"/>	High vis gear is worn
<input type="checkbox"/>	Confirmed Workers have glass wear/hearing protection/ respirators if require

ELECTRICAL EQUIPMENT

<input type="checkbox"/>	Mainboard lockable/weatherproof
<input type="checkbox"/>	Electrical equipment in good condition with appropriate guards
<input type="checkbox"/>	Electrical equipment appropriately tagged
<input type="checkbox"/>	Leads safety placed
<input type="checkbox"/>	Adequate temporary lighting

FIRST AID/FIRE PREVENTION

<input type="checkbox"/>	First Aid kit stocked and available
<input type="checkbox"/>	Fire extinguishers available, current

COMMUNICATION AND REGISTERS

<input type="checkbox"/>	Workers aware of location of registers
<input type="checkbox"/>	Hazard registers updated
<input type="checkbox"/>	Injury and incident registers updated
<input type="checkbox"/>	Confirmation of Toolbox meetings being held

SCAFFOLDING

<input type="checkbox"/>	Notifiable scaffold
<input type="checkbox"/>	Scaftag current
<input type="checkbox"/>	Handrails/midrails
<input type="checkbox"/>	Toe boards
<input type="checkbox"/>	Platforms
<input type="checkbox"/>	Hop ups
<input type="checkbox"/>	Ladders/stairs present and checked
<input type="checkbox"/>	Working platform clear and sufficiently wide
<input type="checkbox"/>	Headroom clear
<input type="checkbox"/>	Good placement against substrate



8. VEHICLE, PLANT AND EQUIPMENT REGISTER

Company Name: _____

Site Reference: _____

Completed by: _____

Date: _____

NAME/DESCRIPTION	MAINTENANCE INSTRUCTIONS AVAILABLE?		VISUAL INSPECTION FREQUENCY (D/W/M/Y)	ELECTRICAL TESTING FREQUENCY	FREQUENCY OF MAINTENANCE/CERTIFICATION	SERVICE RECORDS AVAILABLE?		COMMENTS
	YES	NO				YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	



9. INJURY AND INCIDENT REGISTER

Company Name:

Site Reference:

Email address to send updates to Main Contractor/Principle:

DATE AND TIME	DETAILS (I.E. NAME, WHAT HAPPENED, TYPE OF HARM)	ACTION TAKEN (FIRST AID, HAZARD REGISTER UPDATED ETC.)	WORKSAFE NOTIFICATION		COMPANY INVESTIGATION		TOOLBOX TALK		SIGNATURE AND DATE
			YES	NO	YES	NO	YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



10. PROJECT PRE-START MEETING CHECKLIST

Company Name: _____

Site Reference: _____

Person taking the meeting: _____

Date of meeting: _____

	YES	NO
Hazards associated with activities discussed?	<input type="checkbox"/>	<input type="checkbox"/>
Risk controls used to manage hazards discussed?	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substances register has been discussed	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation that all workers are competent to do their work or that supervision has been arranged.	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation that all workers have appropriate PPE and it is in good working condition.	<input type="checkbox"/>	<input type="checkbox"/>
Specialist PPE is appropriately certified/tagged and tested	<input type="checkbox"/>	<input type="checkbox"/>
All workers have been inducted onto site and reminded that visitors/contractors to site need to also be inducted	<input type="checkbox"/>	<input type="checkbox"/>
Any other site rules have been discussed	<input type="checkbox"/>	<input type="checkbox"/>

Additional Health and Safety concerns raised at meeting:

Attendees: _____



11. TOOLBOX MEETING MINUTES

Company Name: _____

Site Reference: _____

Person taking the meeting: _____

Date of meeting: _____

Agenda items: _____

Health and Safety Issues Raised:

HEALTH AND SAFETY ISSUE RAISED	ACTIONS	BY WHOM	BY WHEN

Other Business:

ISSUE RAISED	ACTION

Attendees:



12. TRAINING AND COMPETENCY REGISTER

Company Name:

Site Reference:

WORKER'S NAME & DATE	PRE-START BRIEFING (DD/MM/YY)	TASK		TOOLS AND EQUIPMENT TRAINED TO USE	DRIVERS LICENCES HELD/EXPIRY DATE	FIRST AID CERTIFICATE HELD/EXPIRY DATE	QUALIFICATIONS	SIGNATURE	COMMENT
		YES	NO						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						



13. SITE ENVIRONMENTAL PLAN

Company Name:

Site Reference:

OBJECTIVE:

MANAGEMENT STRATEGY:

		RESPONSIBILITY	FREQUENCY
Performance indicator:			
Monitoring:			
Reporting:			
Corrective action(s):			

OBJECTIVE:

MANAGEMENT STRATEGY:

		RESPONSIBILITY	FREQUENCY
Performance indicator:			
Monitoring:			
Reporting:			
Corrective action(s):			



Site Reference:

OBJECTIVE:

MANAGEMENT STRATEGY:

		RESPONSIBILITY	FREQUENCY
Performance indicator:			
Monitoring:			
Reporting:			
Corrective action(s):			

OBJECTIVE:

MANAGEMENT STRATEGY:

		RESPONSIBILITY	FREQUENCY
Performance indicator:			
Monitoring:			
Reporting:			
Corrective action(s):			



14. SUBCONTRACTORS REGISTER

Company Name: _____

Site Reference: _____

Completed by: _____

Date: _____

COMPANY NAME	SERVICE	CONTACT PERSON	CELLPHONE NUMBER	SSSP PROVIDED		SITE INDUCTION COMPLETE DATE (DD/MM/YY)
				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

