**Exhibitor Health and Safety Agreement**

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| **The Principal** | South Island Agricultural Field Days |
| **Company Representative**  *(The person or organisation engaging the Exhibitor)* | South Island Agricultural Field Days  [info@siafd.co.nz](mailto:info@siafd.co.nz)  03 318 1845 |

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| **Exhibitor – Name of Business** | Click or tap here to enter text. |
| **Company Representative and Contact Details**  *(The person representing organisation being engaged to perform services****)*** | Click or tap here to enter text. |

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| **Description of Stall Activities** *(eg: use of tractors, sale of chemicals. Please include any significant hazards or hazardous substances and provide separate Hazard Risk Register.)* |
| Click or tap here to enter text. |

For South Island Agricultural Field Days and their Exhibitors to meet mutual obligations under the Health and Safety at Work Act 2015 and other relevant legislation, the following questionnaire and declaration must be completed and documented evidence produced/attached. Exhibitors performing on-going work with South Island Agricultural Field Days are required to provide copies of any updated documents requested below as and when they are reviewed.

The Exhibitor herebyacknowledges, agrees and confirms that:

1. They understand their obligations to themselves, their employees and visitors under the Health and Safety at Work Act 2015 and confirm their intention to comply at all times while working in connection with this contract.
2. They recognise that the Principal can be responsible for only advising the nature of, and methods of controlling, hazards specific to the Principal's business or work site and that the Exhibitor shall apply best industry practice to ensure the safety of all involved at all times.
3. The Exhibitor agrees to make available for inspection on demand by the Principal any documentation related to health and safety in connection with this contract.
4. The Principal has the right to monitor the Exhibitor's activities and carry out safety audits from time to time under this contract.
5. The Principal has the right to suspend work at the Exhibitor's expense where the Principal is not satisfied that all practicable steps are being taken to ensure the health and safety of employees and others in connection with the contract.
6. The Exhibitor will advise the Principal of all accidents, incidents and near misses. The Exhibitor will also advise WorkSafe as soon as possible of any event which is deemed a notifiable injury or illness or notifiable incident, so as to fulfill the requirements of the HSW Act 2015 (Sections 23-25 and 55-56).
7. The Exhibitor will advise the Principal immediately of any new significant hazard created during the contract and will take all practicable steps to avoid harm being caused to any person resultant of such hazards.
8. Before beginning work on the contract, the Exhibitor will carry out a systematic identification of hazards likely to be encountered and will develop controls for all those identified using the Hierarchy of Control Measures process.
9. The Exhibitor has a Health and Safety Management System in place, which ensures their compliance with the Health and Safety at Work Act 2015 in connection with this contract.
10. All Exhibitors are to complete an induction into South Island Agricultural Field Days Health and Safety requirements; this must be completed before any work at South Island Agricultural Field Days site may begin.
11. Site inductions will be completed on site before work begins on each project as evidenced by the Site Induction Register being signed.
12. The Exhibitor will answer the questionnaire below and supply South Island Agricultural Field Days with requested information. This information will be kept on record and may be used as evidence that Exhibitors meet general health and safety compliance requirements, recognise improvement opportunities and enable South Island Agricultural Field Days to keep a Preferred Exhibitors register up to date.
13. Serious breaches of the Exhibitor’s health and safety requirements will be grounds for terminating this contract.

*\* Delivery drivers and short-term works are always to be escorted and under direct supervision by a competent person*.

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| **Exhibitor Commitment** | **✓ Yes** | **🗶 No** |
| Do you have current public liability insurance and or professional indemnity insurance? *(Please attach copy of your certificate/s)* |  |  |
| Do your employees hold trade qualifications, Site Safe card, NZQA unit standards, permits and/or other relevant certification? *(Please provide a completed Training and Competency Register)* |  |  |
| Do you have a written Health and Safety Policy?  *(Please attach copy)* |  |  |
| Are Health, Safety and Environmental responsibilities communicated to employees? |  |  |
| Do you have a designated person responsible for Health and Safety on the contract site[s]?  *Name:* Click or tap here to enter text.  *Contact number:* Click or tap here to enter text. |  |  |
| **Safe Work Practices and Procedures** | **✓ Yes** | **🗶 No** |
| Do you have any safe work procedures, methodology statements, risk assessments such as a hazard risk register for the type of work you plan to perform?  *(Please provide a standard copy of this form)* |  |  |
| Do you have a hazardous substance register and associated safety data sheets for any substance to be brought to site?  *(Please attach a copy and confirm SDS are held)* |  |  |
| Do you maintain a compliance register for plant, equipment, electrical, tools, vehicle, chains or slings, PPE that will be brought to site? |  |  |
| Agree to use South Island Agricultural Field Days provided safety forms when requested, such as for incident reporting and site induction register. |  |  |
| Agree to supply, a Job Safety Analysis or a WorkSafe notification for hazardous work when/if requested for site work activity |  |  |
| Is there a current accident register held by the Company? *(legal requirement)* |  |  |
| Incidents must also be reported to the Principal so incident trends can be tracked to be able to create a safe work environment. |  |  |
| Has the Company ever been convicted of a Health and Safety offence? |  |  |
| Are all employees trained in the safe and correct use of all plant and equipment relevant to the show activities being performed? |  |  |
| Are employees provided and trained in the correct use of Personal Protection Equipment and can confirm PPE supplied is fit for purpose? |  |  |

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| **Principal – Name of Business** | | | | | South Island Agricultural Field Days | | | | |
| **Representative Name:** | | | | | Name | | | | |
| **Signature:** | | |  | | | | | **Date:** | Date |
| **Email:** | | | info@siafd.co.nz | | | | | **Phone:** | phone |
| **Exhibitor – Name of Business** | | | | Click or tap here to enter text. | | | | | |
| **Representative Name:** | | | | Click or tap here to enter text. | | | | | |
| **Signature:** | | |  | | | | | **Date:** | Click or tap here to enter text. |
| **Email:** | | Click or tap here to enter text. | | | | | | **Phone:** | Click or tap here to enter text. |
| **Supplied Documents Attached** *(tick all that are relevant)* | | | | | | | | | |
|  | **Public Liability Insurance** | | | | |  | **Health and Safety Contact Information** | | |
|  | **Profession Indemnity Insurance** | | | | |  | **Safe Work Procedures** | | |
|  | **Training and Competency Register** | | | | |  | **Safe Operating Procedures** | | |
|  | **Health and Safety Policy** | | | | |  | **Safe Work Method Statements** | | |
|  | **WorkSafe Notification of Hazardous Work** | | | | |  | **Job Safety Analysis** | | |
|  | **Hazard Risk Register** | | | | |  | Click or tap here to enter text. | | |
|  | **Please List Additional Information Supplied Here:** | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | |

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| **Exhibitor Review** *(South Island Agricultural Field Days Office Use)* | | | | | | | | |
| **Reviewed By:** | Click or tap here to enter text. | | | | **Signature:** | | |  |
| **Position:** | Click or tap here to enter text. | | | | | **Date:** | | Click or tap here to enter text. |
| **Exhibitor Status:** | | | **Accepted** | **Declined** | | | | **More Information Requested** |
| **If information requested, please note details:** | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| **Date Requested:** | | Click or tap here to enter text. | | | | | | |
| **Requested Via:** | | **Email** | | **Phone** | | | **In Person** | |
| **Documents Filed:** | | | | **Yes** | | | **No** | |
| **Preferred Exhibitors Register Updated** | | | | **Yes** | | | **No** | |