

# Contractor Pre-qualification (CPQ)



**Person Conducting Business or Undertaking (PCBU) name:**

**Contact name:**

**Contact number:**

**Contact email:**

**Type of work engaged to do:**

## Health and safety policy

1. Has your health and safety policy been signed by the director/s and has it been reviewed in the last two years?  Yes  No
2. Has your policy been read and understood by all your workers?  Yes  No
3. Have you attached a copy of your signed policy?  Yes  No

## Health and safety procedures

4. Does your company have documented procedures to cover the following Health and safety areas?
  - 4.1 Worker engagement and communication?  Yes  No
  - 4.2 Hazard identification and risk management?  Yes  No
  - 4.3 Information, training and supervision?  Yes  No
  - 4.4 Monitor and review?  Yes  No
  - 4.5 Hazardous substances?  Yes  No
  - 4.6 Event reporting and investigation?  Yes  No
  - 4.7 Emergency planning and procedures?  Yes  No
  - 4.8 Safe plant, machinery and equipment?  Yes  No

4.9 Personal Protective Equipment?

Yes  No

4.10 Health monitoring?

Yes  No

**Contract workers (subcontractors)**

5. Will you be employing contract workers for the work being completed?

Yes  No

5.1 If answered YES - have you completed a pre-qualification of the contract worker's health and safety system?

Yes  No

**High risk work**

6. Will you be carrying out any high risk work? eg working at heights, confined spaces, spraying, asbestos etc.

Yes  No

6.1 If YES, have you provided a Task Analysis or similar along with the relevant documentation.

Yes  No

**Notifiable Work**

7. We have notifiable works associated with our work?

Yes  No

7.1 If YES, we understand we have to notify WorkSafe NZ of any notifiable work 24 hrs prior to the start of the work and will do so on the prescribed form.

Yes  No

**Health and safety status confirmation** (choose the correct statement)

We **do not have the appropriate** health and safety system or procedures in place and we require assistance to address our duties:

**Authorised signature:**

**Authorised name:**

**Job title:**

**Date:**

We **do have the appropriate** health and safety system or procedures in place. This questionnaire is a true and accurate representation of the health and safety we have in place:

**Authorised signature:**

**Authorised name:**

**Job title:**

**Date:**