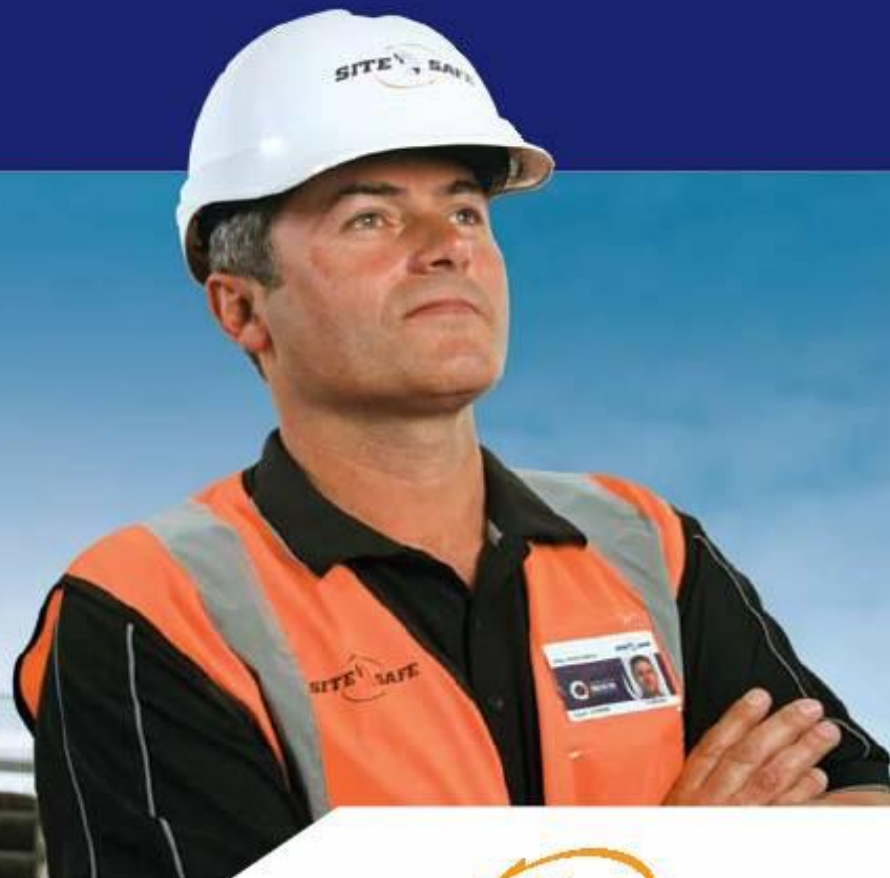


Site Specific  
**Safety  
Plan**





# A Safety Plan to Suit Your Job

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# Site Specific Safety Plan Explanatory Notes

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***This document must be maintained and reviewed throughout the duration of the project***

On the Site Specific Safety Plan (SSSP) Checklist Form 1 there is the option to tick a Yes, No or Actioned check box. Where there is a Yes/No option then either a Yes or a No response must be given. For all the other Actioned boxes a tick is required to confirm that the prescribed action has been taken by the sub-contractor. Until all items have been responded to and all attachment information has been confirmed the SSSP cannot be signed-off and site access granted to the sub-contractor.

## **1. Workplace Control and Management**

***(Safety Activity Register Chart – form 15)***

The person who represents your businesses safety on site may be a dedicated safety representative, your supervisor, or one of your employees who is designated to act on behalf of your business with regard to safety. This person must actively promote safety in the workplace for your business and ensure appropriate safe work practices for your personnel on site and must log activities on the Safety Activity Register and complete all inspections scheduled on the Safety Activity Register.

**Persons in control of the workplace.** The subcontractor must identify the person who has control of the place of work and confirm this under Section 1 of this SSSP. This will often be the principal to a project but if working directly for a client on their premises then the employer in control of the site may be the client or a building owner. The people in control of the place of work and their site representative have the overall responsibility for site health and safety management for the site which will include managing most of the check items in the SSSP Checklist and coordination of all trades health and safety.

## **2. Notifiable Works**

***(DoL Notification - form 3; Task Analysis - form 5)***

Where Notifiable Work, as defined in the Health and Safety Regulations Sections 2 and 26, is to be carried out by your business, you must notify DoL in writing at least 24 hours prior to commencement of such work. Site management will require confirmation that you have done this. A copy of the Notification and a Site Specific Task Analysis Worksheet must be provided by you for their records. If engaged on Notifiable Work then you must have a full-time **on site** safety representative and he/she must be the holder of the Site Safe Workplace Safety – “Advanced Passport”, Supervisor Gold Card or the BCITO National Certificate in Construction Health and Safety and Injury Prevention.

## **3. Hazard Management**

***(Task Analysis - form 5; Hazard Register - form 2  
Hazardous Substances/Dangerous Goods Register - form 4)***

All hazards to be brought onto site or created during the course of the work must be identified and controlled. The standard Task Analysis Worksheet may be used to analyse the various tasks within your trade work, identify the significant safety hazards and detail the method of control. These sheets must be attached and forwarded with your SSSP.

A Hazardous Substance/Dangerous Goods Register shall be maintained with the appropriate Material Safety Data Sheet (SDS) for all hazardous substances and dangerous goods that you may use on site. Where specific emergency processes need to be set up for use of the substance or process this will be addressed on the Task Analysis Worksheets and a copy of the Emergency Plan for the process is to be attached so it can be incorporated into the Project Emergency Planning and Evacuation processes where applicable.

## **4. Communication/Employee Participation**

***(Toolbox Meeting Minutes - form 6)***

Appropriate on site communications must be established with site management to disseminate all information pertaining to safety requirements on site. This will include the notification of hazards brought onto site or created during the course of the work. This may be done by posting the Hazard Sheets on notice boards, the main site Hazard Board, or advised during regular safety meetings and weekly toolbox talks. The aim is to ensure that all workers on site are aware of the hazards as they arise and equally be advised when they no longer exist. If English is the second language of your employees then you must maintain a liaison person on site who can effectively communicate between them and the site management team.

## **5. Emergencies**

***(Emergency Plan - form 9; Emergency Plan – form 9a)***

In the event of a site evacuation the Emergency Evacuation Alarm will be sounded and your employees must promptly evacuate the site. The site management team will notify you of your assembly point at the time of your induction onto the site.



Some emergencies that you may need to prepare for and have a procedure to deal with include spillage of hazardous substances, serious harm accidents to your staff, and rescue of a fall arrest victim. Each emergency you identify under your hazard management process in section 3 above will have an emergency plan and procedure prepared and included with the hazard management information submitted so that any effect it may have on the Site Emergency Evacuation Plan can be identified and rectified.

You must have a person on site trained in first aid with a current valid certificate in case of an injury accident to any of your staff.

**6. Accident/Incident Reporting** *(Register - form 10; Record - form 11; Investigation Report - form 12)*

All accidents and incidents must be reported immediately to site management. Accident and Investigation Reports are to be copied to the site management as soon as is practicable. Serious Harm Accidents must also be reported by you directly to DoL. In the case of Serious Harm Accidents the scene must not be disturbed until a full and complete Accident Investigation has been undertaken.

**7. Safety Inspections and Safety Reviews** *(Self Safety Inspection – form 8; Pre-start Assessment – form 7  
Safety Activity Register Chart – form 15)*

You are required to carry out regular documented safety inspections of your own work areas while on site at the intervals scheduled in the Safety Activity Register Chart. Copies of the Inspection Reports must be given to site management for discussion at safety meetings. Any recommended/completed corrective action will be advised at these meetings.

**8. Training/Inductions** *(Training Register – form 13)*

All persons starting work on this site must go through a formal induction process. During this process, safety rules and various site specific issues will be discussed.

To work on a site you must have a current Site Safe Passport, Workplace Safety – “Advanced Passport” or Supervisor Gold Card. Please supply a list of all your employees working on this site along with their Passport/Workplace Safety – “Advanced Passport//Supervisor Gold Card numbers and expiry dates at the time of the induction. All employees will be expected to show their Passport/Workplace Safety – “Advanced Passport”/Supervisor Gold Card at the time of the induction.

***You will need to provide and maintain evidence of your employee’s skills training, e.g. Trade Qualifications, Certificate of Competency etc.***

**9. Signoff/Approval**

Before any work commences on site, the subcontractor will sign off their SSSP and submit it with all attachments to the principal/site management for approval.

The principal/site management will review the plan using the SSSP Evaluation Form 16 and return it to the sub-contractor if not complete or requests a meeting with the sub-contractor to review and action any deficiencies.

Once all the Evaluation checks have been satisfactorily agreed the principal/site management will sign and date the SSSP confirming approval and return a signed copy to the sub-contractor for their record.

**10. Sub-contractors**

The sub-contractor must have a process in place for approving their sub-contractor’s safety systems. If the sub-contractor contracts out some of their work to another sub-contractor, then the site management must be notified in a schedule attached to the sub-contractor’s SSSP of the names and contact details for all their sub-contractors.



# 1. Site Specific Safety Plan Checklist

To be completed and handed to Principal/Site Management prior to commencement of work on site

To: *(Main Contractor)* For: *(Project/Site)*  
*(Client)*

From: *(Sub-Contractor)* For: *(Contracted Works)*  
*(Contractor)*  
*(Delete which does not apply)*

## We undertake as follows:

### 1. Workplace Control and Management:

On site Safety Representative (SR) for this project is: ..... *(name)* ..... *(phone)*  
 The person in control of the workplace is: **Principal/Client/Main Contractor/Other** .....

### 2. Notifiable Works:

We have Notifiable Works associated with our Sub-Contract **Actioned**  
 Yes  No

DoL has been advised of our Notifiable Works  Yes  No  
*(A copy of the Notification must be attached – Form 3)*

### 3. Hazard Management:

We will maintain an on site Hazard Register of all existing and new hazards and appropriate controls

Written Task Analysis covering all significant hazards associated with our works to be prepared in conjunction with employees and provided to site management before any work involving that hazard commences on site

Are there hazardous products/processes associated with our sub-contract works?  Yes  No  
*(If yes, the appropriate Material Safety Data Sheets must be attached)*

### 4. Communication/Employee Participation:

The methods of communicating safety information to our employees are by: *(tick methods used)*

Toolbox Talks       Pre-task Planning Meetings       Health and Safety Meetings       Co-ordination Meetings

Frequency..... Frequency.....      Frequency.....      Frequency.....

Other .....Frequency .....

### 5. Emergencies:

Our first aid kit is located: ..... *(State where)*

Our First Aid person is: ..... *(Phone)*.....

We have trained First Aid personnel and procedures in place on site to render assistance in the event of an accident/emergency

We attach an Emergency Plan for all hazardous products and processes we have said yes to in Section 3 above

In the event of a site emergency or evacuation our personnel will report to our SR and assemble at the evacuation area shown on the Project Emergency Evacuation Plan

### 6. Accident/Incident: Reporting/Investigation/Recording:

We have an Accident/Incident Reporting/Investigation system in place and keep an Accident Register

We will immediately notify all serious harm accidents to site management and follow up within 7 days with a completed copy of the Accident Report and Investigation

### 7. Safety Inspections and Safety Reviews:

We agree to undertake safety inspections and reviews at the intervals required by the Safety Activity Register Chart

A sample of documentation of our Safety Inspections is attached



**8. Training/Induction:**

All persons under our control hold a current Site Safe Passport, Workplace Safety – “Advanced Passport” or Supervisor Gold Card

(See attached Training Register – Form 13)

All persons under our control on site are given a Site Specific Safety Induction

All persons under our control on site are appropriately qualified, competent or fully supervised

**9. Sub-contractors:**

Will you have sub-contractors working for you on this project?  Yes  No

If yes, then attach a schedule of details for all sub-contractors and agree to provide to the site management completed SSSP's from all sub-contractors for approval before they be allowed to work on the site

**Signed:** ..... **Name:** ..... **Date:** .....

(Sub-Contractor Representative)

**Signed:** ..... **Name:** ..... **Date:** .....

(Principal/Site-Project Manager)

**Sub-Contractor Notes:**

**Main Contractor Notes:**

**Safety Advisor Notes:**





**Health and Safety in Employment Regulations 1995**

### 3. Notification of Particular Hazardous Construction Work

Please mail or fax this Notification Form to your nearest DoL branch. Regulations 2 and 26 of the Health and Safety in Employment Regulations 1995 define Notifiable Work and set out who is responsible for making the notification. They are also quoted on the back of this form for your convenience. (If faxing this form, please return only the front page.)

**Notification is hereby given under the Health and Safety in Employment Regulations 1995 in respect of the following work:**

*Nature of work (tick appropriate box):*

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The erection or dismantling of scaffolding (all kinds) from which any person may fall 5 metres or more<br><input type="checkbox"/> Buildings and structures where a fall of over 5 metres may occur<br><input type="checkbox"/> Use of a lifting appliance to lift 500 kg or more a vertical distance of 5 metres or more<br><input type="checkbox"/> Any narrow pit, shaft, trench or excavation more than 1.5 metres deep<br><input type="checkbox"/> Drive, excavation or heading with ground cover overhead<br><input type="checkbox"/> Excavated face over 5 metres deep with a face steeper than 63.4° (1 horizontal to 2 vertical)<br><input type="checkbox"/> Other: ..... | <input type="checkbox"/> Storage or use of explosives<br><input type="checkbox"/> Work in or breathing, compressed air or air substitute<br><input type="checkbox"/> Restricted work involving asbestos (as defined in regulation 2(1) of the Asbestos Regulations 1998)<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Tree felling in land clearance<br><input type="checkbox"/> Tree felling in maintenance of overhead power lines |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Address of worksite: ..... ..... Main access road: ..... Location: ..... .....	<input type="checkbox"/> Contractor <span style="margin-left: 100px;"><input type="checkbox"/> Self Employed</span> Business name: ..... Address: ..... Contact: ..... Phone: ..... Fax: .....
Principal/Employer: ..... Address: ..... Contact: ..... Phone: ..... Fax: .....	Certificate Holder: ..... Certificate No: ..... Phone: ..... Fax: ..... <i>(Please name certificate holder when notifying scaffolding, diving, asbestos or use of explosives.)</i>

Brief description of work: .....  
 .....  
 .....

Due date of commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated time to complete: .....  
 .....

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: .....  
 .....

*(for Employer)*

# Notification of Particular Hazardous Work

Department of Labour phone: 0800 20 90 20

## NORTHLAND

### Whangarei

L2 Michael Hill Building  
25 Rathbone Street  
PO Box 141, Whangarei  
Fax: (09) 438 4874

## AUCKLAND

### Manukau

12 Lambie Drive, Manukau  
PO Box 63010, Papatoetoe Sth  
Fax: (09) 909 3248

### West Auckland

Westgate Business Estate  
5 Pinot Lane, Massey  
PO Box 84245, Westgate  
Fax: (09) 833 5157

### Auckland Central

Level 9, 280 Queen Street  
PO Box 105 146, Auckland  
Fax: (09) 984 4115

### North Harbour

Level 5, ANZ Building  
9-11 Corinthian Drive  
Albany  
PO Box 33790, Takapuna  
Fax: (09) 909 3280

## WAIKATO/THAMES

### Hamilton

Level 3 Westpac Building  
430 Victoria Street  
PO Box 19217, Hamilton  
Fax: (07) 838 0054

## TAUPO/

## EASTERN BAY OF PLENTY

### Rotorua

1231 Haupapa Street  
PO Box 2128, Rotorua  
Fax: (07) 346 0229

## WESTERN BAY OF PLENTY

### Tauranga

Unit 2, Promed House  
Cnr. 10th Ave & Edgcumbe Rd  
PO Box 66, Tauranga  
Fax: (07) 577 6396

## MANAWATU/WHANGANUI

### Palmerston North

Cnr Walding & Taonui Streets  
PO Box 241, Palmerston North  
Fax: (06) 359 1431

## TARANAKI

### New Plymouth

330 Devon Street East  
PO Box 342, New Plymouth  
Fax: (06) 759 9417

## HAWKES BAY/EAST COAST

### Napier

6 Taradale Road  
PO Box 546, Napier  
Fax: (06) 835 7102

### Gisborne

295 Gladstone Road  
PO Box 139, Gisborne  
Fax: (06) 868 8832

## WELLINGTON/KAPITI

### Wellington

Level 1, 85 The Terrace  
PO Box 3705, Wellington  
Fax: (04) 382 9159

## HUTT/WAIRARAPA

### Lower Hutt

Level 1  
Cnr Cornwall St & Kings Cres  
PO Box 30556, Lower Hutt  
Fax: (04) 566 7363

## NELSON/MARLBOROUGH

### Nelson

L1, 9 Buxton Square  
PO Box 180, Nelson  
Fax: (03) 989 6789

## CANTERBURY/WEST COAST

### Christchurch

Markham Building  
144 Kilmore Street  
PO Box 13278, Christchurch  
Fax: (03) 365 2616

### Greymouth

54 Tainui Street  
PO Box 37, Greymouth  
Fax: (03) 768 6930

### Timaru

Site 26B, Stafford Mall,  
Stafford Street, Timaru  
Fax: (03) 684 9127

## OTAGO

### Dunedin

392 Hillside Road  
PO Box 537, South Dunedin  
Fax: (03) 455 6680

## SOUTHLAND

### Invercargill

70 Victoria Avenue  
PO Box 548, Invercargill  
Fax: (03) 218 2152

## Sections 2 and 26 of the Health and Safety in Employment Regulations 1995

### Section 2: Interpretation -

“Notifiable Work” means –

- (a) Any restricted work, as that term is defined in regulation 2 (1) of the Asbestos Regulations 1983:
- (b) Any logging operation or tree-felling operation, being an operation that is undertaken for commercial purposes:
- (c) Any construction work of one or more of the following kinds:
  - (i) Work in which a risk arises that any person may fall 5 metres or more, other than-
    - (A) Work in connection with a residential building up to and including 2 full storeys:
    - (B) Work on overhead telecommunications lines and overhead electric power lines:
    - (C) Work carried out from a ladder only:
    - (D) Maintenance and repair work of a minor or routine nature:
  - (ii) The erection or dismantling of scaffolding from which any person may fall 5 metres or more:
  - (iii) Work using a lifting appliance where the appliance has to lift a mass of 500 kilograms or more a vertical distance of 5 metres or more, other than work using an excavator, a forklift, or a self-propelled mobile crane:
  - (iv) 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:
  - (v) Work in any drive, excavation, or heading in which any person is required to work with a ground cover overhead:
  - (vi) Work in any excavation in which any face has a vertical height of more than 5 metres and an average slope steeper than a ratio of 1 horizontal to 2 vertical:
  - (vii) Work in which any explosive is used or in which any explosive is kept on the site for the purpose of being used:
  - (viii) Work in which any person breathes air that is or has been compressed or a respiratory medium other than air:

### Section 26: Notification –

- (1) In this regulation, the term “Employer” includes a person who controls a place of work.
- (2) Subject to sub clause (4) of this regulation, every Employer who intends to commence any notifiable work or any work that will at any time include any notifiable work shall take all practicable steps to lodge notice of that intention in accordance with this regulation.
- (3) A notice required to be lodged under sub clause (2) of this regulation shall –
  - (a) Be lodged at an office that deals with occupational safety and health matters, being the nearest such office of the Department to the place where the work is to be carried out; and
  - (b) Be in writing; and
  - (c) Be given at least 24 hours before the time at which the Employer intends to commence the work; and
  - (d) Contain the following particulars –
    - (i) The nature and location of the work, and
    - (ii) The name, address, and contact details of the Employer; and
    - (iii) The intended date of commencement of the work; and
    - (iv) The estimated duration of the work.
- (4) It shall not be necessary for any Employer to comply with sub clause (2) of this regulation before commencing any construction work necessary to deal with an emergency arising from -
  - (a) Damage caused by any earthquake, explosion, fire, flood, lightning, rain, slip, storm, or washout; or
  - (b) The blockage or breakdown of any drain or sewer; or
  - (c) The blockage or breakdown of any distribution system or network for electricity, gas, telecommunications, or water.









## 5a. Task Analysis sign-off

All persons involved in Task Analysis have been trained in the processes.

Name.....Signature.....  
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Name.....Signature.....



# 7. Pre-Start Site Assessment

<b>PROJECT/SITE</b>	<b>ASSESSOR</b>	<b>SIGNED</b>
		<b>DATE</b>

<b>Hazards</b>	√	<b>Controls</b>
----------------	---	-----------------

<b>Height/Overhead Work:</b>		
Falling Material		
Ladders		
Scaffolds		
Roofs		
Cranes		
Elevated Work Platforms		

<b>Trenches/Confined Spaces:</b>		
Pits and Trenches		
Tanks		
Shafts		
Confined Spaces		

<b>Plant:</b>		
WoF/Current Test Tag		
Machine Guards		
RCDs		
Leads		
Vibration		

<b>General Environment:</b>		
Public Access/Protection		
Signage/Barriers		
Organisation/Housekeeping		
Wet/Slippery Environment		
Hazardous Materials		
Chemicals		
Services (Gas/Water/Power)		
Exposure to Weather		
Extreme Temperatures		
Traffic		
Noise		
Dust and Debris		
Explosion/fire		
Machinery		
Mobile Plant		

<b>Personal Protective Equipment:</b>		
Safety Boots		
Hearing Protection		
Eye Protection		
Hi Viz Clothing		
Safety Helmet		
Respiratory Protection		



**Step Back 5x5**

Step back five paces and take five minutes:

- Think about the operation – now and in the future
- Identify actions to be undertaken
- Think about what activity, processes and procedures will be happening
- Identify any hazards that are present
- Identify and implement controls
- Do you feel safe?
- Are those around you working safely?

**7 Point Analysis**

Are there risks associated with:

- Strain or sprain my back or other muscle
- Be caught in, on or between anything
- Slip, trip or fall from height, on the same or lower level
- Be injured by poor plant/job design
- Be struck by or against anything
- Come in contact with a hazardous substance
- Come in contact with an energy source

**General Comments and Observations:**










## 8. Self Safety Inspection

PROJECT/SITE				EMPLOYER				
Safety Representative:				Inspection by:				
				Date:				
Remedial Complete (Sign/Date)								
1	<b>Site Control</b>			✓/x	9	<b>Welding/Gas Cutting</b>		✓/x
1.1	Hazard board and signage up-to-date				9.1	Hot works permits being issued		
1.2	Environmental plan - issues				9.2	Fire extinguishers on hand		
1.3	Toolbox meeting last date / /				9.3	Operators using PPE		
1.4	Safety inductions for all on site				10	<b>Electrical Equipment</b>		
1.5	Safety notice board current				10.1	Main board lockable/weatherproof		
2	<b>Site Facilities</b>				10.2	Current tagged and damage free leads		
2.1	Offices – Clean, adequate and good lighting				10.3	Current tagged plant		
2.2	Smoko sheds – clean portable water				10.4	Current tagged Lifeguards		
2.3	Toilets – clean, washing water				10.5	Leads safely placed		
2.4	Tool/equipment sheds adequate				10.6	Equipment in good condition		
3	<b>General Site Tidiness and Access ways</b>				10.7	Appropriate guards on equipment		
3.1	Clear, safe access to work areas				10.8	Adequate temporary lighting		
3.2	Stairways and access ways clear				11	<b>Chemicals</b>		
3.3	Hoardings/fence and gates secure				11.1	Correctly stored		
3.4	Loose materials secure from wind				11.2	SDS available		
4	<b>Personal Safety Equipment</b>				11.3	Operators using PPE		
4.1	Signage displayed and legible				12	<b>Tools</b>		
4.2	Hardhats being worn				12.1	PAT tool WOF current and secure		
4.3	Correct footwear being worn				12.2	Staff trained in tool use (SWPS)		
4.4	Glasses/ear muffs/vests/masks used				12.3	PAT signage on site		
5	<b>First Aid/Fire Prevention</b>				13	<b>Scaffolding</b>		
5.1	First aid box	Available	Current		13.1	Notifiable weekly Scafftag/current		
5.2	Accident Register				13.2	Handrails/mid-rails		
5.3	Fire Extinguishers	Available			13.3	Toe boards		
5.4		Current (12 mth)			13.4	Platforms		
5.5		Sufficient #			13.5	Ladders/stairs		
5.6	Evacuation	Procedure current			13.6	Base sound		
5.7		All emergencies Incl			13.7	Work platforms clear		
6	<b>Cranes/Hoist/Lifting equipment</b>				13.8	Platforms trip free		
6.1	Proper lift assessment plan done				13.9	Planks tied down		
6.2	Crane Certification current				13.10	Headroom clear		
6.3	Slings/chains certified				13.11	Ties/bracing adequate		
6.4	Operator procedures in place				14	<b>Ladders</b>		
6.5	Inspections being done				14.1	Good condition		
6.6	Man cage available				14.2	Secured top and bottom		
6.7	Emergency plan in place				14.3	Stays to step ladders		
7	<b>Compressed Air Equipment</b>				14.4	Working 2 steps down		
7.1	In good condition				15	<b>Fall Hazards</b>		
7.2	Appropriate guards fitted				15.1	Floor edges	Floor openings	
7.3	Trained User				15.2	Lift shafts	Stairs	
8	<b>Excavations</b> Correctly shored					Excavations		





## 9. Emergency Plan and Procedures for Hazardous Work

PROJECT/SITE		EMPLOYER
Potential Emergency Situations	List separately:	Procedure:
Responsibilities	Personnel:	Key responsibilities:
Evacuation Procedures		Visitors: Assembly areas: Alarms:
Medical Treatment	First Aiders:  Location of nearest medical centre:	Emergency services:  Key sub-contractors' telephone numbers:
Training and Communication		Procedure to advise site staff:



## 9a. Emergency Plan and Procedures for Hazardous Work

### Emergency Evacuation Plan

In the case of emergency requiring evacuation of the project, being:

**FIRE, EARTHQUAKE, SERIOUS ACCIDENT, STRUCTURAL COLLAPSE, TSUNAMI, EXPLOSION, AVIATION INCIDENT, HAZARDOUS SPILL OR PRACTICE EVACUATION.**

The following warning will sound:

---

***If this warning sounds, SHUT DOWN all plant and equipment.  
All Personnel on the Project are to proceed IMMEDIATELY by the  
SAFEST IDENTIFIABLE ROUTE to the SAFE ASSEMBLY POINT***

---

And REMAIN there, so ALL Personnel can be ACCOUNTED FOR.

DO NOT RETURN to the Project until the Project Manager has given the  
**OFFICIAL CLEARANCE.**

**MEDICAL FACILITIES LOCATED AT:**

---

**When calling 111, read the following:**

We have an emergency at:

We need help from Ambulance/Fire:

Directions to the emergency are:

Our phone number is:

The medical problem seems to be:

**Send someone outside to meet the emergency services**

**EMERGENCY TELEPHONE NUMBERS:**

**Dial 111** for:

**FIRE, AMBULANCE, POLICE, GAS, CHEMICAL SPILLS**

**PHONE NUMBERS MAY DIFFER – CHECK YOUR LOCAL DIRECTORY**

HOSPITAL	( )
DoL	(0800) 20 90 20
CIVIL DEFENCE	( )
POISON CENTRE	(03) 474-7000
POWER (Customer Service)	( )
24hr Faults	( )
Sub-Contractors on Site:	( )

**SAFETY MANAGER IS:** \_\_\_\_\_

**TRAINED FIRST AIDER IS:** \_\_\_\_\_

**FIRST AID KIT AND FIRE EXTINGUISHER LOCATED AT SITE OFFICE OR:**



## 10. Accident/Incident Register

PROJECT/SITE		EMPLOYER				
Date and Time	Details (See example) Name of person (injured or observer) ▪ Description of accident/incident/near miss ▪ Cause of harm ▪ Type of injury/disease <i>(Delete that which does not apply)</i>	Immediate action taken ▪ First Aid ▪ Corrective action ▪ Review hazard register	Serious Harm Y/N	DoL Notified Y/N Date	Investigation actioned and documented Y/N (Separate form 12)	Investigation outcomes discussed at Safety Meeting on:
5/9/07 9.00am	Bob Smith noted lead on circular saw had been cut.	Remove from site for repair.	N	N	Raised at Safety Talk by Site Mgr	12/9/07
6/9/07 10.15am	Dave Jones stepped on nail in boxing and punctured foot	First aid Denail all boxing	N	N	Report completed	14/9/07



# 11. Notice or Record of Accident/Serious Harm

## Form of register or notification of circumstances of accident or serious harm

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992  
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

**Particulars of employer, self-employed person or principal:** *(business name, postal address and telephone number)*


**2 The person reporting is:**

- an employer     a principal     a self-employed person

**3 Location of place of work:**


*(shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)*

**4 Personal data of injured person:**

Name	
Residential address	

Date of birth  Sex (M/F)

**5 Occupation or job title of injured person:**

*(employees and self-employed persons only)*

--

**6 The injured person is:**

- an employee     a contractor (self-employed person)  
 self     other

**7 Period of employment of injured person:**

- (employees only)*  
 1<sup>st</sup> week     1<sup>st</sup> month     1-6 months  
 6 months-1 year     1-5 years     Over 5 years  
 non-employee

**8 Treatment of injury:**

- None     First aid only  
 Doctor but no hospitalisation     Hospitalisation

**9 Time and date of accident/ serious harm:**

Time  am/pm  
Date  Shift     Day     Afternoon     Night

Hours worked since arrival at work  
*(employees and self-employed persons only)*

**10 Mechanism of accident/ serious harm:**

- |                                             |                                                                |
|---------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> fall, trip or slip | <input type="checkbox"/> hitting objects with part of the body |
| <input type="checkbox"/> sound or pressure  | <input type="checkbox"/> being hit by moving objects           |
| <input type="checkbox"/> body stressing     | <input type="checkbox"/> heat, radiation or energy             |
| <input type="checkbox"/> biological factors | <input type="checkbox"/> chemicals or other substances         |
| <input type="checkbox"/> mental stress      |                                                                |

**11 Agency of accident/ serious harm:**

- machinery or (mainly) fixed plant  
 mobile plant or transport  
 powered equipment, tool, or appliance  
 non-powered handtool, appliance, or equipment  
 chemical or chemical product  
 material or substance  
 environmental exposure (e.g. dust, gas)  
 animal, human or biological agency (other than bacteria or virus)  
 bacteria or virus

**12 Body part:**

- head     neck     trunk  
 upper limb     lower limb     multiple locations  
 systemic internal organs

**13 Nature of injury or disease:**

- fatal  
*(specify all)*
- |                                                    |                                                           |
|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> fracture of spine         | <input type="checkbox"/> puncture wound                   |
| <input type="checkbox"/> other fracture            | <input type="checkbox"/> poisoning or toxic effects       |
| <input type="checkbox"/> dislocation               | <input type="checkbox"/> multiple injuries                |
| <input type="checkbox"/> sprain or strain          | <input type="checkbox"/> damage to artificial aid         |
| <input type="checkbox"/> head injury               | <input type="checkbox"/> disease, nervous system          |
| <input type="checkbox"/> internal injury of trunk  | <input type="checkbox"/> disease, musculoskeletal system  |
| <input type="checkbox"/> amputation, including eye | <input type="checkbox"/> disease, skin                    |
| <input type="checkbox"/> open wound                | <input type="checkbox"/> disease, digestive system        |
| <input type="checkbox"/> superficial injury        | <input type="checkbox"/> disease, infectious or parasitic |
| <input type="checkbox"/> bruising or crushing      | <input type="checkbox"/> disease, respiratory system      |
| <input type="checkbox"/> foreign body              | <input type="checkbox"/> disease, circulatory system      |
| <input type="checkbox"/> burns                     | <input type="checkbox"/> tumour (malignant or benign)     |
| <input type="checkbox"/> nerves or spinal chord    | <input type="checkbox"/> mental disorder                  |

**14 Where and how did the accident/serious harm happen?**

*(If not enough room attach separate sheet or sheets.)*


**15 If notification is from an employer:**

- (a) Has an investigation been carried out?     yes     no  
(b) Was a significant hazard involved?     yes     no

Signature and date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name and position  
*(capitals)*

**Check that the details on this copy are complete and forward it to your nearest DoL Office**





## 12. Accident and Incident Investigation Report

EMPLOYER		BRANCH/DEPARTMENT	
NAME OF INVESTIGATOR			
PARTICULAR OF INCIDENT			
Day of Incident (circle) M T W T F S S	Time	Project/Site	Date Reported
THE INJURED PERSON			
Name		Address	
Age	Phone number		
Reported date of incident		Length of employment	Time on job
<b>TYPE OF INJURY:</b>	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal	
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Injured part of body
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction	
Remarks			
DAMAGED PROPERTY			
Property/material damaged		Nature of damage	
		Object/substance inflicting damage	
THE INCIDENT			
<b>Description</b>			
Describe what happened (space overleaf for diagram - essential for all vehicle incidents)			
<b>Analysis</b>			
What were the causes (root and contributing causes) of the Incident?			
Root Causes - Safety System Failures			
Contributing Causes - Unsafe Acts and Conditions			
<b>Prevention</b>			
What action has or will be taken to prevent a recurrence? Tick items already actioned (Use space overleaf if required)		<b>Completed</b> ✓ X	By Whom
			When
TREATMENT AND INVESTIGATION OF INCIDENT			
Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Incident investigated by	Date	DoL advised Yes / No	Date

Signed by: Employer.....and Employee.....









## 15. Sub-contractor Safety Activity Register – Wall Chart

This is an example of a Wall Chart that could be placed in the Site Office. When Subcontractors complete required safety activities they could log them on this Chart. The Chart could then be reviewed each week by the Site Manager. You could use white board material for the Chart so that it can be easily updated as the Project progresses.

PROJECT/SITE			MAIN CONTRACTOR										
Contractor	Task Analysis/ Hazard Register		Toolbox Minutes Received – Weeks										
	Submitted	Approved	1	2	3	4	5	6	7	8	9	10	
AB Plumbing	1/5/07	✓	14/5/08 JD	28/5/08 JD	2/6/08 JD								

Site Manager Signature and Date:

Week \_\_\_\_\_ Week \_\_\_\_\_ Week \_\_\_\_\_ Week \_\_\_\_\_ Week \_\_\_\_\_  
 Week \_\_\_\_\_ Week \_\_\_\_\_ Week \_\_\_\_\_ Week \_\_\_\_\_ Week \_\_\_\_\_

Trade Foreman	<ul style="list-style-type: none"> <li>Complete the "Task Analysis" form prior to beginning work and submit the form for approval.</li> <li>Conduct a Toolbox Talk each fortnight and keep a record of your talk using the "Toolbox Meeting" form.</li> <li>Initial and date the box each week you conduct a Toolbox meeting.</li> </ul>
Site Manager	<ul style="list-style-type: none"> <li>Initial and date the box labelled "Submitted" when you have received a completed Task Analysis form from each trade.</li> <li>Initial and date the box labelled "Approved" when you have approved the Task Analysis as complete and acceptable.</li> <li>Collect and review Toolbox Minutes when they are completed.</li> <li>Review, sign and date the Register each week.</li> </ul>
Project Manager	<ul style="list-style-type: none"> <li>Review the Register during each site visit.</li> <li>Recognise and reward Subcontractors who exceed their Task Analysis and Toolbox Talk responsibilities.</li> <li>Attend at least one Toolbox Talk each month</li> </ul>



# 16. Site Specific Safety Plan Evaluation Form

This evaluation process assumes that the contractor has already submitted their health and safety systems to the client and that these systems have been approved by the client. The purpose of this evaluation is intended to provide the client with confidence that the contractor is aware of their responsibilities and have procedures in place that meet these responsibilities on this specific project.

This form will be used by the client to evaluate the SSSP received from a contractor to ensure it has all the information correctly completed and all attachments included. Acceptance of the SSSP in no way diminishes the obligation of the contractor under the Health and Safety in Employment Act.

If any of the questions below are answered **X** then the client will return the SSSP to the contractor for all the information to be attached before processing the SSSP.

**The completed Site Specific Safety Plan was received:**

**Date:**

**From**.....

**Actioned:**

**For (Project/Site)**.....

	✓ / X
Has the named sub-contractor signed acknowledgement and agreement with the terms of this Site Specific Safety Plan without amendment?	
1. Have the contractor's and safety representative's contact details been included?	
2. Has the person in control of the workplace been clearly and correctly identified?	
3. Has the contractor and named SR developed, completed and attached a satisfactory Hazard and Control Plan which clearly identifies the actual and potential significant hazards for the project likely to affect or harm others on the site?	
4. The contractor has Hazardous Substances/Dangerous Goods associated with their proposed works/contract that you know of?	
5. If the previous question was ticked, has the Hazardous Substance/Dangerous Goods Register been developed, completed and the register, SDS and Task Analysis been attached?	
6. Has the contractor scheduled regular inspections for their work appropriate for the hazards and processes and Subcontractor Safety Activity Register Wall Chart?	
7. Has the contractor confirmed suitable regular communications methodology adequate for this contract ?	
8. Do you know of any potential situations which require an Emergency Plan and Procedure from this contractor?	
9. If the previous question was ticked, has the contractor developed and attached an Emergency Plan to cover the potential emergency situation?	
10. Has the contractor named their trained first aid person?	
11. Has the contractor attached their employee schedule of Passport, Workplace Safety – "The Advanced Passport", Supervisor Gold Card and BCITO National Certificate in Construction Health and Safety and Injury Prevention details and evidence of competency?	
12. Has the named contractor's sub-contractor's SSSP been provided?	
13. Has the named contractor's sub-contractor's SSSP been approved?	
14. Does the named contractor have Notifiable Works associated with their contract?	
15. If the previous question was ticked, has the Notifiable Works form been completed and sent to the nearest DoL (OSH) office?	





## 17. Definition of Terms

### 17.1 Defining 'A Person'

The term **person** appears regularly throughout this SSSP and the Health and Safety in Employment Act 1992 and associated Regulations.

There are two types of 'person':

- (i) a **legal person** (or legal entity), through which the law allows a group of natural persons to act as if it were an individual, for certain purposes (e.g., body corporate, limited company, incorporated society, the Crown) and
- (ii) a **natural person** such as you and I. For example, an employee, a self employed person, partner in a partnership.

We need to be mindful of this when we refer to *a person* in order to understand who has the duty and who is owed the duty. For example, an employer (legal person) has the duty to have effective hazard identification methods in place to identify hazards to employees (natural persons).

### 17.2 Definition of a 'Principal'

#### Duties of persons who control a place of work (section 16)

Section 16 of the Act describes the duties of "persons who control a place of work" in relation to people in the vicinity, and to visitors. These duties are intended to meet the gap in coverage of the Act when an employer/employee, contractor/principal relationship does not exist.

"Person who controls a place of work" includes a person who owns, leases, subleases or occupies a **place of work**, or who owns, leases or subleases **plant or equipment** used in a place of work. It is discussed below. For more information go to [www.dol.govt.nz](http://www.dol.govt.nz) - A Guide to the Health and Safety in Employment Act 1992.

### 17.3 Task Analysis

Written Task Analysis will be carried out where planning is required to identify the steps and hazards of a particular task. This process is commonly used for significant and new work operations.



## Site Safe Training to assist you in understanding and completing a Site Specific Safety Plan

### ***The Workplace Safety – “Advanced Passport” course - Site Specific Safety Planning for Leading Hands and Foremen***

This course has been specifically developed for people advancing up from the basic Passport training. If you have previously attended one or two Passport courses, then the **Workplace Safety – “Advanced Passport”** course is the course that will take your learning to the next level. This course has been specifically developed for site workers to increase their knowledge and competence and to be able to put safely planning into practice.

This course builds on and extends the learning objectives of the Passport course. As this course goes above and beyond the learning objectives of the Passport, the Workplace Safety – “Advanced Passport” course will also enable a Trainee to gain the Passport, meaning you now have choice between attending future Passport courses or attending the Workplace Safety – “Advanced Passport” course instead.

The first part of the course focuses on Site Specific Safety Planning and Task Analysis including comprehensive coverage of benefits, methods, implementation and evaluation practices. Site specific safety planning is explored from the perspective of a worker (employee and or/contractor) and a group (site team or sub-contractor team). The key concepts of site planning including general site planning (e.g. site safety audits, notifiable works, emergency plans) and task (job) specific requirements, are explored.

#### **Key topics of discussion include:**

- Understanding site safety and how to plan, including hazards and controls
- The life cycle of a construction site – stages of construction.

The second part of the course provides participants in a “hands-on” workshop approach involving mock-up models and workplace scenarios. The three-dimensional site model resource allows everyone to become involved regardless of their particular trade or sector. The model sets the scene for site safety planning and Task Analysis with ever changing circumstances, including:

- |               |                                   |
|---------------|-----------------------------------|
| ▪ Weather     | ▪ Access                          |
| ▪ Plant       | ▪ Deliveries                      |
| ▪ Major works | ▪ Other sub-contractor activities |

Participants become very familiar with the Site Specific Safety Plan document which they use as a resource throughout the course.

This one-day course is complemented by a take-home assignment and attracts the following Unit Standard:

14599 - Produce a site specific safety plan and strategy for implementation on construction sites

After successfully attending the course and completing a take-home assignment Trainees will receive:

- A Construction Passport
- A personalised Workplace Safety Course Certificate
- 12 credits towards the Certificate in Construction Site Safety.



For more information regarding the Site Safe Passport, Supervisor Gold Card or other Site Safe course contact us on (04) 499 2509 or checkout our comprehensive website [www.sitesafe.org.nz](http://www.sitesafe.org.nz)



## Site Safe Office and Safety Advisor Contact Details

REGION	OFFICE ADDRESS	SAFETY ADVISOR CONTACT DETAILS
<b>Whangarei</b>	WHANGAREI 51 Norfolk Street PO Box 1669 WHANGAREI Tel (09) 459 7062 Fax (09) 459 7063	Jim Allardyce Mob 021 227 9054 <a href="mailto:jallardyce@sitesafe.org.nz">jallardyce@sitesafe.org.nz</a>
<b>Auckland</b>	Level 1, 31 Maurice Road Penrose AUCKLAND Tel (09) 634 0365 Fax (09) 634 0367	Jim Bell Tel 09 634 0365 Mob 021 190 5503 <a href="mailto:jbell@sitesafe.org.nz">jbell@sitesafe.org.nz</a>  John Buse DDI 09 634 4732 Mob 021 633 721 <a href="mailto:jbuse@sitesafe.org.nz">jbuse@sitesafe.org.nz</a>  Paul Hyde-Smith DDI 09 476 8615 Mob 021 356 168 <a href="mailto:phyde-smith@sitesafe.org.nz">phyde-smith@sitesafe.org.nz</a>  Kevin McKillop DDI 09 634 4730 Mob 021 800 619 <a href="mailto:kmckillop@sitesafe.org.nz">kmckillop@sitesafe.org.nz</a>  Russell Parker Tel 09 634 0365 Mob 021 190 2732 <a href="mailto:rparker@sitesafe.org.nz">rparker@sitesafe.org.nz</a>
<b>Waikato</b>	11 Clifton Road PO Box 521 Waikato Mail Centre HAMILTON Tel/Fax (07) 834 8183	
<b>Hawkes Bay/East Coast Region</b>	PO Box 400 NAPIER Tel/Fax (06) 834 0697	Sergai Davis Mob 021 190 2602 <a href="mailto:sdavis@sitesafe.org.nz">sdavis@sitesafe.org.nz</a>
<b>Taranaki/Wanganui/Manawatu</b>	Unit 2, 66 Ingestre Street PO Box 7642 WANGANUI Tel (06) 348 5530 Fax (06) 348 5529	Mark Walklin Mob 021 190 2624 <a href="mailto:mwalklin@sitesafe.org.nz">mwalklin@sitesafe.org.nz</a>



<p><b>Wellington</b></p>	<p>Level 5, Anvil House 138-140 Wakefield Street WELLINGTON Tel (04) 499 2509 Fax (04) 499 2508</p>	<p>Chris Graney Mob 021 356 160 <a href="mailto:cgraney@sitesafe.org.nz">cgraney@sitesafe.org.nz</a></p> <p>Ryan Groves Mob 021 190 2290 <a href="mailto:rgroves@sitesafe.org.nz">rgroves@sitesafe.org.nz</a></p>
<p><b>Nelson/Marlborough</b></p>	<p>PO Box 2415, Stoke Unit 1A, 15 Forests Road Annesbrook NELSON Tel (03) 547 0374 Fax (03) 547 0368</p>	
<p><b>Christchurch</b></p>	<p>Unit 3/10 Acheron Drive Middleton PO Box 80181 Riccarton CHRISTCHURCH Tel (03) 348 7110 Fax (03) 348 4730</p>	<p>John Conway Mob 021 190 2625 <a href="mailto:jconway@sitesafe.org.nz">jconway@sitesafe.org.nz</a></p> <p>Richard Giddings Mob 021 190 5502 <a href="mailto:rgiddings@sitesafe.org.nz">rgiddings@sitesafe.org.nz</a></p> <p>Kevin Wood Mob 021 468 906 <a href="mailto:kwood@sitesafe.org.nz">kwood@sitesafe.org.nz</a></p>
<p><b>Dunedin</b></p>	<p>PO Box 182 DUNEDIN Tel (03) 465 7761 Fax (03) 348 4730</p>	<p>Clive Doubleday Mob (021) 917 275 <a href="mailto:cdoubleday@sitesafe.org.nz">cdoubleday@sitesafe.org.nz</a></p>
<p><b>Queenstown/Wanaka</b></p>	<p>PO Box 92 Albert Town WANAKA Tel (03) 443 8980 Fax (03) 443 8981</p>	<p>Kevin Haskins Mob (021) 356 162 <a href="mailto:khaskins@sitesafe.org.nz">khaskins@sitesafe.org.nz</a></p>

Working with you  
to make your  
**site safe**



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