



Health and Safety Information

Company Name: _____

Primary Contact Name: _____ Position: _____

Email: _____ Phone: _____

Nature of work:

- | | |
|---|---|
| <input type="checkbox"/> Law | <input type="checkbox"/> Building and Construction |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Freight and Logistics |
| <input type="checkbox"/> Education | <input type="checkbox"/> Agricultural, Forestry and Fishing |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Tourism and Hospitality |
| <input type="checkbox"/> Information and Technology | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Real Estate and Property Development |
| <input type="checkbox"/> Personal Care | <input type="checkbox"/> Other (Please explain) |

Number of Staff:

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 1-5 | <input type="checkbox"/> 51-100 |
| <input type="checkbox"/> 6-20 | <input type="checkbox"/> 101+ |
| <input type="checkbox"/> 21-50 | |

Reason for Inquiring with KSM:

- | | |
|--|--|
| <input type="checkbox"/> H&S Policy Assistance | <input type="checkbox"/> Standard Operating Procedures |
| <input type="checkbox"/> Accident/Incident Investigation | <input type="checkbox"/> H&S Pre-Qualification |
| <input type="checkbox"/> Meeting Facilitation | <input type="checkbox"/> Auditing |
| <input type="checkbox"/> H&S Process Assessment | <input type="checkbox"/> Other (Please explain) |

Are you currently using any H&S Apps or Software?



Please complete the below as best you can, if you are not able to attach all documents, or are unsure at all, please contact our office and we will talk you through it.

Current Policies, Procedures and Certifications

Y N N/A

1. Do you have a Health and Safety Policy or manual?

If so, please attach

2. Do you have a hazard/risk register?

If so, please attach

3. Do you conduct regular safety meetings and toolbox meetings with all workers? If so, are these documented?

4. Do you ensure all workers have the required relevant qualifications, training, and supervision? E.g., Working at heights, Confined space

Please attach evidence of training/ training matrix

5. Do you have written safe work procedures (SOP's)?

6. Are all workers provided with the required Personal Protective Equipment (PPE) and trained in its use, maintenance, and proper fit?

7. Do all workers have easily accessible channels for reporting hazards, risk, near miss, accidents, and incidents? I.e. Forms or an App

8. Do you have emergency procedures in place?

9. Are all accidents and incidents investigated and reported to Worksafe where necessary?

10. Does your company hold: *(please tick, and attach the copy of the certificates)*

Public Liability Insurance

Motor Vehicle Insurance

Contractor all Risk Insurance

Indemnity Insurance

Other: *(Please specify)*

11. Have you or your company ever been investigated or prosecuted by Worksafe NZ?

If yes, please provide details



12. Do you use the services of any other PCBU's?

If yes, please provide details

13. Are you currently pre-qualified with any external company? I.e. Sitewise, ISNetworld, IMPAC, Safe 365

If yes, please provide details

Do you have any notes or comments that may help us understand your needs?

Please email your completed questionnaire, and applicable documentation to info@ksmconsulting.co.nz and a member of our team will be in touch.

If you have any questions, please contact us either through our website www.ksmconsulting.co.nz or alternatively speak to Kelly on 0221529774.