

## INTRODUCTION

The aim of the prequalification process is to select or retain subcontractors which share similar beliefs to us. Metlifecare demand the highest standards of safety and compliance and through this process we aim to ensure that our subcontractors meet or exceed our Occupational Health Safety and Environmental (OHS&E) compliance requirements.

As a prequalified subcontractor your Company will be added to our list of approved subcontractors.

Please complete all questions.

- Where evidence is requested (e.g. copies or examples), please ensure that these are attached.
- Ensure all evidence is provided as requested. Blank forms are not acceptable as verifiable evidence.

**Return the completed questionnaire and attachments to your project manager or the person engaging your services.**

## CONTRACTOR COMPANY INFORMATION

Company Name:	
Key Contact Details:	Name:
	Position:
	Address:
	Phone:
	Email:
Number of Employees:	
Services provided to Metlifecare Ltd:	
Location (Village) of services to be provided:	
Name of person with overall Health and Safety responsibility in your organisation if different from contact person above	Name:
	Position:
	Phone:
	Email:

## 1. INSURANCE

Public Liability Insurance	Do you hold a current public liability insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Please provide details of your current Public Liability Insurance including:	<input type="checkbox"/> Certificate of Currency Attached	
	Name of Insurer:		
	Policy Number:		
	Level of Insurance Cover:		

	Expiry Date:			
Motor Vehicle Insurance	Do you hold appropriate motor vehicle insurance? (Third party property damage)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Please provide details of your current Insurance including:		<input type="checkbox"/> Certificate of Currency Attached	
	Name of Insurer:			
	Policy Number:			
	Level of Insurance Cover:	\$		
	Expiry Date:			
Professional Indemnity Insurance	Do you hold a current Professional Indemnity Insurance policy?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Please provide details of your current Professional Indemnity Insurance including:		<input type="checkbox"/> Certificate of Currency Attached	
	Name of Insurer:			
	Policy Number:			
	Level of Insurance Cover:	\$		
	Expiry Date:			
Other Insurances	Do you hold any other insurances? Please specify and provide details of other insurances.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/> Certificates of Currency Attached	

## 2. SAFETY ACCREDITATION

Does your Company belong to any of the following ACC workplace incentive programmes?			
ACC Partnership Programme	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
ACC Workplace Safety Management Practices Programme (WSMP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
ACC Workplace Safety Discount (WSD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has your Company implemented another Safety Management Programme?			
• AS/NZS 45001 Occupational health and safety	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• AS/NZS 7901 Electricity and gas industries - Safety management systems for public safety	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• ISO 14001 Environmental management	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Other: Please specify	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes", please provide copies of the Certificate(s).</i>		Copy Attached	<input type="checkbox"/>

### 3. SAFETY POLICY AND COMMITMENT

Do you have a written and signed Health and Safety Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have a Health and Safety Manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes", please provide a copy.</i>	Copy Attached <input type="checkbox"/>		

### 4. SAFETY PERFORMANCE

Do you maintain safety records of?			
• Fatalities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Injuries	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Near Misses (LTI, MTI, First Aid)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Property Damage	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Environmental Incidents	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Please provide details of your safety record for the last 5 years:			
• Number of fatalities			
• Number of serious harm injuries			
• Number of Lost Time Injuries			
• Number of work days lost due to accidents			
Has there been any cautioning, improvement notice or prosecution in respect of Health and Safety by an enforcement authority over the last 5 years? <i>If "Yes", please provide details.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

### 5. HAZARD IDENTIFICATION AND MANAGEMENT

Does your Company have a process to identify, report and control hazards in the workplace?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your Company carry out and document Health and Safety inspections/audits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes" please attach your hazard identification process relevant to the engaged work, and if applicable a completed JSA, TA, WMS.</i>	Copy attached <input type="checkbox"/>		
<i>If "No", please explain how you manage safety risks relevant to the work you are being contracted to do.</i>			

Do you have written work instructions, safe work procedures or specific safety instructions for the work you are engaged to do (e.g. working at heights, isolation of equipment, hot work)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes", please attach safe work procedures appropriate for this task.</i>	Copy attached <input type="checkbox"/>		
Do you develop Site Specific Safety Plans (SSSP) when undertaking contracted work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes", please attach SSSP for this work.</i>	Copy Attached <input type="checkbox"/>		

## 6. PLANT AND EQUIPMENT

Does your Company check and test equipment to ensure that it is fit for purpose?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes", please attach a copy of your procedure or describe the process. If "N/A", please explain why this process does not apply.</i>	Copy Attached <input type="checkbox"/>		
Does your Company have:			
• Plant and Equipment Registers (e.g. lifting equipment, harness equipment, MEWP inspections)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Electrical Testing and Tagging Register	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Maintenance Schedules/Records (e.g. tools, plant, vehicles, trucks)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes", please attach an example</i>	Copy Attached <input type="checkbox"/>		

## 7. STAFF INDUCTION AND TRAINING

Do you have an employee Health and Safety Induction and/or training programme that includes the following?			
• Hazard Identification	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Emergency Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Plant and Equipment Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• PPE Requirements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Special Work Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If you have answered "Yes" to any of the above, please attach an example of your induction e.g. completed staff induction records and staff training register.</i>	Copy Attached <input type="checkbox"/>		
<i>If you have answered "No" to any of the above, please outline the process you take to ensure your staff are trained and inducted.</i>			

## 8. LICENCES AND CERTIFICATION

Do any of your employees perform any tasks that require special competencies or licences? Specifically:			
• Licences (forklift, WTR endorsement, scaffolding, powder actuated hand tools etc)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Confined Space Entry	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Working at Height	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Trade Certification (e.g. electrical, plumbing)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• EWP (Elevated Work Platform)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Approved Handler	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
• Other – applicable to your specific work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>“Yes”</b> , please attach evidence of competency or a training register.			Copy Attached <input type="checkbox"/>

## 9. ACCIDENT REPORTING AND INVESTIGATION

Does your organisation have an accident/incident reporting and recording procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>“No”</b> please describe how accidents/incidents are investigated or attach procedure. If <b>“Yes”</b> please attach a copy.	Copy Attached <input type="checkbox"/>		

## 10. EMERGENCY PROCEDURES

Does your Company have emergency procedures to deal with worksite emergencies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>“Yes”</b> , please provide a copy of your emergency procedures.	Copy Attached <input type="checkbox"/>		
Do you have rescue plans for staff who work in confined spaces or who work at height using safety harnesses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>“Yes”</b> , please provide a copy of your rescue plans.	Copy Attached <input type="checkbox"/>		

## 11. USE OF SUBCONTRACTORS

Will you be using subcontractors when engaged on our sites?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>“Yes”</b> , please describe the process you use to engage subcontractors and monitor their performance or provide a similar procedure or provide a copy of your procedure.	Copy Attached <input type="checkbox"/>		


## 12. ENVIRONMENTAL MANAGEMENT

Does your Company have a current Environmental Policy? <i>Please attach a copy.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes" please attach a copy.</i>	Copy Attached <input type="checkbox"/>		
Does your Company have a spill response procedure that is relevant to any substances or work being undertaken on site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes" please attach a copy.</i>	Copy Attached <input type="checkbox"/>		
Do you hold MSDS's for all chemicals used on site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If "Yes" please attach a copy of your MSDS register.</i>	Copy Attached <input type="checkbox"/>		
Has your Company received any improvement or prohibition notices, or been prosecuted by any authority in the last 5 years relating to the environment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

## 13. DECLARATION

I am authorised to sign this form.

The information in this form is a true and accurate description of the health and safety systems to be used by us when contracted to Metlifecare Ltd.

I understand that as a Contractor to Metlifecare Ltd I agree to abide by the requirements of the Health and Safety at Work Act 2015 and Amendments, all relevant codes of practice, WorkSafe NZ guidelines, industry standards and other relevant statutes.

Contractor Representative Name:	
Signature:	
Position:	
Date:	
<b>APPROVED BY METLIFECARE LTD</b>	
Representative Name:	
Signature:	
Position:	
Date:	