Company Information Sheet

Company Name: ____________________

Postal Address: ____________________

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Main Contact Person: ____________________

Email: ____________________ Phone Number: ____________________

Name of Director(s):

Business Type: ____________________ Number of Employees: ____________ Workshop: Yes / No

Main tasks in your operation: ____________________

How regularly do you want Safe T Works to monitor your safety systems? ☐ Monthly ☐ Quarterly ☐ 6 Monthly ☐ Annually

Who is your nominated Employee Representative: ____________________

Who is your current Emergency/Fire Wardens: ____________________

Does the company carry out tasks on any of the following? ***(Please circle)***

Roads   Confined Spaces   Excavations   Farms   Construction Sites

Will you carry out work off site? Yes / No If yes, please describe:
Do you carry/store hazardous substances on site? Yes / No If yes, please list:

What machinery/equipment is on site?				
Compressed Air ☐	Hoist/Lifting equipment ☐	Chemical Storage ☐	Fuel Storage ☐	Welders ☐
Scaffolding ☐	Working at Heights ☐	Ladder ☐	Elevated Work Platform ☐	Lawnmowers ☐
Grinders ☐	Power Tools ☐	Hand Tools ☐	Static Machinery ☐	Forklift ☐
Cranes ☐	Hiabs ☐	Oxy Acetylene ☐	Mechanical Power Systems ☐	Chainsaws ☐
Does the company have any other equipment/machinery not listed? Yes / No If yes, please list:				
Does the company have any other specific hazards? Yes / No If yes, please list:				

SAFE T WORKS
INFLUENCING SAFETY

		Comments / Notes
Do you carry out pre-employment drug tests?	☐	
Do you do annual health checks?	☐	
Do you employ any subcontractors?	☐	
Do you require any H&S Training?	☐	
Select preferred Alcohol Limit for policy	☐ NZTA Level ☐ Zero	
Have you had any serious harm accidents in the past 2 years?		
If yes, please provide details (eg copies of investigation, OSH/Worksafe reports etc)		
Emergency Chart Questions		
Physical Address:		
Nearest Cross Street/Road:		
Manager Name & Contact Number:		
Operations Manager Name & Contact Number:		
Medical Centre Name & Number:		
Do you have any approved HSNO handlers?		
Current First Aiders:		
Site Plan – if you have an electronic copy please email through to us		

Signed Terms of Trade Attached ☐

Company Logo Sent to admin@safetworks.co.nz ☐

Please return forms by email admin@safetworks.co.nz

Please Note: A 50% Deposit Is Required

Office Use Only:		
Quoted Price:		
Health and Safety System required by:		
Invoice Number:		
Completed Health and Safety System checked by:		Date: