

Company Information Sheet

Business Name: _____

Postal Address: _____

Phone: _____ Contact Person: _____

Name of Director(s): _____ Email: _____

Forest Owner/Manager: _____ Phone: _____

Operation Type: Motor Manual G/based Mechanised Hauler Silviculture

How regular do you want to be monitored? Monthly Quarterly 6 Monthly Annually

Crew Name / Number:
Foreman's Name:
Safety Champ (Crew Rep):
Designated Trainer:
Emergency Warden:
Number of Employees:

What tasks are relevant to your crew?			
<input type="checkbox"/> Mechanised Harvester	<input type="checkbox"/> Mechanised Processor	<input type="checkbox"/> Steep Slope Felling Machine	<input type="checkbox"/> Manual Felling
<input type="checkbox"/> Skid Workers	<input type="checkbox"/> QC	<input type="checkbox"/> Loading	<input type="checkbox"/> Skidder
<input type="checkbox"/> Tractor	<input type="checkbox"/> Forwarder	<input type="checkbox"/> Stem Truck	<input type="checkbox"/> Grapple
<input type="checkbox"/> Hauler	<input type="checkbox"/> Swing Yarder	<input type="checkbox"/> Tower	<input type="checkbox"/> Mobile Tailhold
<input type="checkbox"/> Bulldozer/tractor	<input type="checkbox"/> Poleman	<input type="checkbox"/> Mechanised Thinning	<input type="checkbox"/> Spraying
<input type="checkbox"/> Chemical Releasing Fertilising	<input type="checkbox"/> Planting	<input type="checkbox"/> Pruning	<input type="checkbox"/> Quad Bike
<input type="checkbox"/> Thinning	<input type="checkbox"/> Roding	<input type="checkbox"/> Quarry	

Please notify us of any change in machinery or crew configuration

Name and contact number of Health Care Company
Number of Contractors that come on site (Hose Doctor etc.):
Name(s):

		Notes/Comments
Do you do pre-employment medical and drug tests?	<input type="checkbox"/>	
Do you do annual health checks?	<input type="checkbox"/>	
Do you employ any subcontractors?	<input type="checkbox"/>	
Has anyone had any H&S Training?	<input type="checkbox"/>	
Have you had any serious harm accidents in the past 2 years? If yes, please provide details (eg copies of investigation, OSH reports etc)	<input type="checkbox"/>	
Select preferred Alcohol Limit	<input type="checkbox"/>	NZTA Limit
	<input type="checkbox"/>	Zero
Do you require daily hazard ID tool box books?	<input type="checkbox"/>	
NOTES/COMMENTS:		

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: