

PROJECT SPECIFIC SAFETY PLAN

Project Name: Mauao Track Rehabilitation

Client: Tauranga City Council

Project Number: T17136

Project Manager: s 7(2)(a) ... Privacy

Date: 11/01/2018

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2.0 Plan Notes

This plan describes the health and safety arrangements that Boffa Miskell will apply to the project. Where a section does not apply to the project this will be indicated through the use of a “Not Applicable” statement.

3.0 Administrative Details

Contact Numbers:

Boffa Miskell Project Manager: s 7(2)(a) ... Privacy **Team Manager:** s 7(2)(a) ... Privacy

Site/Location Name: Mauao, Mt Maunganui

Duration of Project: December 2017 – July 2018

Number of Personnel Involved: Approximately 12

Hours of Work: Daytime only

Names of Boffa Miskell Personnel: s 7(2)(a) ... Privacy

4.0 Timing and Sequencing of Works

Project Scope: Planning and design of realigned Mauao base track

Project Stage 1: Project start up – Dec 2017 - Jan 2018

Project Stage 2: Preliminary design – Jan - Feb 2018

Project Stage 3: Developed design – Mar - Jun 2018

Project Stage 4: Detailed design – May - Jul 2018

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5.0 Safety In Design and Impact on Other Works

Impact on Other Works: Potential for restricted access to general public and other parties when site surveys are being undertaken

Special Requirements: Working in the vicinity of a slip face
Working within the intertidal zone

Safety In Design: Mornè Hugo is Safety In Design lead for Boffa Miskell Tauranga office, and will peer review design at each stage.

6.0 Hazards and Risk Management

Hazards/Critical Risks: Unwanted / uninvited attention from members of the public (personal safety)
Drowning
Slipping on unstable ground / rocks / trees
Further slip (hillside) failure
Working in hot and cold weather
Sun exposure

New Hazard Reporting: Hazards to be reviewed when on site and new hazards added where necessary. All hazards, near misses to be reported to Sean Grace for entry on the hazard register.

Job Safety Analysis: N/A

Inspections: N/A

Boffa Miskell H&S Related Procedures: Shoreline survey, motor vehicles, mobile phones

7.0 Management of Suppliers and Consultants

List all suppliers here and identify whether they will require their own Safety Plan (or will work under this one)

Contractor Name:	Own Safety Plan?	
GHD	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Arbor Care	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Lysaght	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Where any contractor or sub-contractor is required to provide their own Project Specific Safety Plan (as defined in the Boffa Miskell Contractor Management Procedure), the Contractor/Sub Contractor Management Plan must be completed and attached to this plan.

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As overall project manager, Boffa Miskell have selected contractors (GHD, Arbor Care, Lysaght) with whom we have an established working relationship and with whom we have a track record of delivering projects together. Each contractor has been chosen for their specialist knowledge and experience, and their professional approach to health and safety.

Health and safety will be continually reviewed and appraised as the project progresses, with health and safety being an agenda item on the internal weekly progress check meetings. Boffa Miskell is reliant on the contractors managing the health and safety of their staff through the implementation of their own Health & Safety plans and procedures, as attached.

8.0 Plant and Equipment Requirements

Significant Plant and Equipment: • NA

9.0 Traffic Management Requirements

Is traffic management required: YES NO
If yes describe what the requirements are and how they will be delivered. Who is in charge? Are they qualified? Provide contact number? If required a traffic management plan can be attached.

10.0 Hazardous Substances

Hazardous Substances: • N/A

11.0 Personal Protective and Other Safety Equipment

General Project PPE Requirements: High visibility vests
Sturdy, closed footwear to be worn
Sun protection (hats, sunglasses, sunscreen)
Warm, waterproof clothing

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Specialist PPE NA Requirements:

Safety Equipment NA Requirements:

12.0 Training and Competency Requirements

People, Activity, or Situation	Training and Competency Requirement
NA	NA

13.0 Incident Reporting and Investigation

Incident Reporting: Report to s 7(2)(a) ... Privacy who will manage the hazard register

Incident Investigation: s 7(2)(a) ... Privacy

14.0 Health and Safety Communication and Consultation

How will this plan be communicated to all project personnel? Copy provided to all personnel for review and signing

Will Toolbox or Pre – Start meetings occur?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Pre-start meeting to be held on-site with client
--	---	---

Will dedicated H&S meetings occur?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Frequency?
---	---	-------------------

Will BM project personnel attend wider project H&S meetings? N/A

How will H&S issues be communicated to the team? s 7(2)(a) ... Privacy to maintain communication via email

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15.0 Emergency Management

Potential Emergencies: Drowning
Slip/trip/fall resulting in injury
Vehicle Accident
Further slip (hillside) causing injury

Emergency Contact Numbers: 111 for emergencies

s 7(2)(a) ... Privacy

Site/Location: End of access road (Pilot Quay) from Pilot Bay, near jetty. Refer
Evacuation/Assembly Points: Attachment 1 in Appendix 2.

Trained First Aider/s for the project: s 7(2)(a) ... Privacy

Nearest Medical Assistance: Tauranga Hospital (07 5798000)
829 Cameron Road, Tauranga
Open all hours

16.0 Plan Audit and Review

Auditing of plan: Bi-monthly,

s 7(2)(a) ... Privacy

Review of the plan: Bi-monthly,

17.0 Plan Authorisation

Project Manager Authorisation: Name: s 7(2)(a) ... Privacy

Date: 11/01/2018

s 7(2)(a) ... Privacy

Signature:

Boffa Miskell Team Manager: Name: s 7(2)(a) ... Privacy

Date: 11/01/2018

s 7(2)(a) ... Privacy

Signature:

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18.0 Contractor Sign On

I acknowledge receipt of this Boffa Miskell Project Specific Safety Plan which I have read and fully understand. I agree to comply with the requirements and activities outlined within it, and I will ensure that all employees for whom I have responsibility, including those of any sub-contractors, shall also read, understand and comply with its contents.

Contractor Name:

Contractor Representative: Name:

Date: [Click here to enter a date.](#) **Signature:**

Contractor Name:

Contractor Representative: Name:

Date: [Click here to enter a date.](#) **Signature:**

Contractor Name:

Contractor Representative: Name:

Date: [Click here to enter a date.](#) **Signature:**

Contractor Name:

Contractor Representative: Name:

Date: [Click here to enter a date.](#) **Signature:**

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Appendix One: Project Team

List of those who have read and understood this Project Specific Safety Plan.

Name:	Signature:	Date:
 s 7(2)(a) ... Privacy		8/12/17
		8/12/17
		13/12/2017
		13/12/2017
		13/12/2017
		8/12/17
		8/12/17
		13/12/2017
		13/12/2017

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Appendix Two: Attachments

Attachment 1: Location Plan



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Attachment 2: Incident Report Form



Incident and Accident Report Form

This event is an: Accident (injury event) Incident/Near Miss (non-injury event)

IF YOU ARE REPORTING AN INCIDENT ONLY, YOU DO NOT NEED TO COMPLETE THE ORANGE SECTIONS

Name: _____

Employer: _____

Address: _____

Contact Number: _____

Project Number & Client (if applicable): _____

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

Time and Date of Incident/accident/serious harm

Time: _____ Date: _____

Hours worked since arrival at work (for employees only)

Names of the people involved	Contact Number	Employer	If employee, period of employment	Injury sustained		Treatment of Injury*
				Yes/No	Yes/No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Please Indicate if this was: (None, first aid, nurse, physiotherapy, Doctor, Hospital – A & E, Hospital – Admission)

Agency of event:

- 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

Mechanism of event:

- fall, trip or slip
- sound or pressure
- body stressing
- biological factors
- mental stress
- hitting objects with part of the body
- being hit by moving objects
- heat, radiation or energy
- chemicals or other substances
- not applicable



20110930_BML_HSF_Accident_Incident_Notification_V1

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Injured part of the body:

<input type="checkbox"/> head	<input type="checkbox"/> neck	<input type="checkbox"/> trunk	<input type="checkbox"/> arm
<input type="checkbox"/> hand	<input type="checkbox"/> leg	<input type="checkbox"/> foot	<input type="checkbox"/> multiple locations

Nature of injury or disease: (specify all)

<input type="checkbox"/> Aches/pain (gradual)	<input type="checkbox"/> Aches/pain (sudden)	<input type="checkbox"/> Amputation	<input type="checkbox"/> Broken bone
<input type="checkbox"/> Bruising incl. crushing	<input type="checkbox"/> Burn/scald	<input type="checkbox"/> Chemical reaction	<input type="checkbox"/> Choking/suffocation
<input type="checkbox"/> Concussion/brain injury	<input type="checkbox"/> Cut (infected)	<input type="checkbox"/> Cut (not infected)	<input type="checkbox"/> Dental injury
<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fatal	<input type="checkbox"/> Foreign body (eye)
<input type="checkbox"/> Foreign body (nose)	<input type="checkbox"/> Foreign body (ear)	<input type="checkbox"/> Inhalation disease (asbestos/lead)	<input type="checkbox"/> Hearing loss (noise induced)
<input type="checkbox"/> Poisoning	<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Other	<input type="checkbox"/> Multiple injuries

Where and how did this event happen? (list any factors and hazards that might have contributed to the event). If you have sketches, photographs or other useful information, please attach to this form when complete).

What action has or will be taken to prevent a similar event happening again? Has this information been passed on to others?

Who will be responsible for undertaking these actions? _____

When will they be completed? _____

Has time been lost from work? Yes No If yes, how many days?

Office Manager to complete:

Has an investigation been carried out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a significant hazard involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have lessons learned been shared with project team/office/company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a serious harm injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, report this injury to the General Manager by supplying this completed form plus a copy of a completed "Notification of circumstances of accident or serious harm"



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Appendix Three: Project Risk Register

Project Number	T17136	Site Name	Mauao
Project Name	Mauao Track Rehabilitation	Site Location	Mauao – Pilot Bay side, below base track

Activity	Associated Hazards / Risks	Risk Score Before Controls (Consequences / Likelihood)	Risk Assessment Category	Controls Required	Residual Risk Score (Consequences / Likelihood)	Risk Assessment Category	Person Responsible
Working within the intertidal zone	<ul style="list-style-type: none"> Getting caught by the tide and potentially swept off rocks by rogue waves, drowning in the extreme 	Major / Possible	Extreme	<ul style="list-style-type: none"> Work in pairs, never alone Carry extra warm, waterproof clothing and shoes. Be aware of changing tides and when high and low tide are. No sampling is to be undertaken when conditions are obviously dangerous (e.g. when the tide is high and seas are rough, stormy weather). Field workers to have a current First Aid Certificate. 	Major / Unlikely	Moderate	People on-site/field workers
Working Outdoors – adverse reactions	<ul style="list-style-type: none"> Insect bites or stings, i.e. wasp, bee, hornet, white-tailed spider. 	Major / Possible	High	<ul style="list-style-type: none"> All fieldworkers to maintain a current First Aid Certificate. Ensure a first aid kit is carried into the field. In addition, carry any personal medication you may require including anti-histamine tablets. Move through wasp prone areas with caution. 	Major / Unlikely	Moderate	People on-site/field workers
Working Outdoors – ground conditions	<ul style="list-style-type: none"> Tripping, slipping, falling while traversing or accessing the project site. 	Major / Likely	Extreme	<ul style="list-style-type: none"> Wear suitable footwear, which must be replaced when it is worn. Tread cautiously and don't rush. Use common sense when moving through an area. Do not walk where you do not feel comfortable. Take your time in difficult situations. Familiarise yourself with the area (topographical map) prior to entry. Carry the appropriate maps and a GPS unit while in the field, when required. Observe reporting and overdue procedures. Wear a reliable watch. Carry a cell phone (charged) if there is known cell coverage or a satellite phone/EPIRB where cell coverage is doubtful. 	Major / Unlikely	Moderate	People on-site/field workers
Working Outdoors – exposure to adverse weather conditions	<ul style="list-style-type: none"> Exposure to adverse weather conditions: <ul style="list-style-type: none"> thermal (heat or cold) wet (rain, hail or snow) wind UV Exposure 	Major / Possible	High	<ul style="list-style-type: none"> Work scheduled for appropriate times of the day, seasons and forecast weather conditions. Risk assessment undertaken on site of current weather conditions. Carry clothing to suit cold, wet and windy conditions (e.g. polar fleece, sweatshirt, Swandri, thermal underwear, hat). In warmer conditions wear clothing to suit hot, dry and windy conditions i.e. t-shirt, shorts. Store extra clothing in the vehicle and change into it when you return if clothing has become damp. Carry a survival blanket and water in case of emergency. Do not work in stormy conditions, especially torrential rain, high wind. Carry a hand held radio (with the battery charged) when required – i.e. where no cell phone reception is otherwise available. Listening station dedicated at Boffa Miskell's Tauranga office reception. Seek emergency shelter when required. Carry extra energy food (e.g. chocolate bars) 	Significant / Unlikely	Moderate	People on-site/field workers

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Activity	Associated Hazards / Risks	Risk Score Before Controls (Consequences / Likelihood)	Risk Assessment Category	Controls Required	Residual Risk Score (Consequences / Likelihood)	Risk Assessment Category	Person Responsible
				<ul style="list-style-type: none"> - Carry a cell phone (charged) if there is known cell coverage or a satellite phone/EPIRB where cell coverage is doubtful. - Prepare for elements. - Carry an adequate supply of water. - Wear a hat, sunscreen and sunglasses to minimize UV exposure. 			
Working Outdoors – close vicinity to a slip face	<ul style="list-style-type: none"> • Further slip (hillside failure) resulting in injury 	Major / Possible	Extreme	<ul style="list-style-type: none"> - Wear a hard hat at all times. - Minimise the amount of time spent in the slip area. - Don't work where recent slip material has been deposited. - Don't work near slip face immediately after rainfall events. - Work in pairs. - Carry a first aid kit and field workers to have a current First Aid Certificate. - Carry a charged mobile phone. - Be aware where the nearest hospital/ A&E is. 	Major / Unlikely	High	People on-site/field workers
Psycho-social factors	<ul style="list-style-type: none"> • Unwanted/uninvited attention from members of the public. • Bullying and harassment in the workplace or in the field. 	Significant / Likely	High	<ul style="list-style-type: none"> - Use signage to indicate to general public that track remediation work-related tasks are being undertaken. - Work in pairs. - Appropriate policies and procedures in place to prevent workplace bullying and harassment. - Reporting of bullying and harassment as it occurs, and investigate. - Ensure all employees understand what bullying and harassment is, and the procedures for reporting incidents (e.g. policies and procedures promoted during employee orientation and workplace bullying prevention or training). - Access to confidential employee counselling/support services for all employees. 	Significant / Possible	Moderate	People on-site/field workers

KEY PERSONNEL WORKING ON SITE

Name	Organisation	Cell phone	Relevant medical conditions (if any)	Next of kin and contact number	Experience and Certification*
s 7(2)(a) ... Privacy	BML	s 7(2)(a) ... Privacy	NA	s 7(2)(a) ... Privacy	Current First Aid Certificate
	BML		NA		

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** Provide relevant details of certification and expiry dates – this may include first aid certificates, diving certificate of compliance and medical fitness to dive, site safe passport, 4WD qualification and electric fishing. Comment on the level of experience working on project sites like this one – for inexperienced members of the team and those undergoing training, please ensure that a Supervisor is identified above. A Current First Aid qualification must be held by at least one member of the party (Maximum ratio 1:15 personnel if teams are larger than 15).*



HSE009 Job Safety and Environmental Analysis (JSEA)



Reference Documentation
11.01.02 HSE Job Management Procedure

Purpose of Form
JSEAs outline a safe and environmentally responsible method of work, identification of individual training needs, plant / machinery and equipment, inspection and legislative requirements for a specific activity taking into consideration the hazards and risks involved in completing the activity (during routine, non-routine and emergency working conditions)

Responsibility for Completion
Job Manager (or delegate) to complete in consultation with the GHD job team (includes identification and delivery of training).

Frequency of Completion and Review
JSEA to be developed prior to commencement of site work and reviewed at no more than 6 monthly intervals, or where there are significant changes to the job scope, equipment, environment, personnel or statutory framework.

Job Name & Description:		Mauao Base Track Remediation Design and Consenting				Activity:	
Job Number:		Activity Location:		Ref Guide		Design including site visits	
5137691		Mount Maunganui base track & foreshore		13-Dec-17			
Sequential Task Step (include a number to make for easy reference in Pre-Work Assessment)	Hazards What could cause injury or ill health, damage to property or damage to the environment (e.g. Water way, Refuelling)	Event & Potential Outcome What could go wrong (e.g. fall in water / diesel spill) and what might happen as a result (e.g. person drowns / soil contamination)		Control Measures (Hazards are to be eliminated wherever possible or minimised where elimination is not reasonably practicable. Consider Hierarchy of Control - Elimination, Substitution, Isolation, Engineering Controls, Administrative Controls, Personal and Environmental Protective Equipment).		Residual Risk	
		Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating

Note: Consequence should be assessed first so that the likelihood rating is the likelihood of the selected consequence occurring.

To add rows to this form, select "enable content" and click the "add Row to End" button ->

1	Sun and heat	Sunburn / dehydration	C	3	Moderate	Sunscreen, clothing, sunglasses. Water bottle.	B	3	Low	s 7(2)(a) ... Privacy
2	Uneven ground	Trips, ankle injuries	C	3	Moderate	Appropriate footwear, focus while walking	C	2	Low	
3	Sea wave action	Drowning	B	5	Moderate	Keep distance from shore, watch out for teammates, weather-watch / heed warnings / schedule visits around appropriate (low)	A	1	Negligible	
4	Falling debris	Impact from debris	C	4	Moderate	Keep safe distance from slip areas / Look out for teammates / spotter	B	3	Low	
5	Public using track	Collisions / abuse	C	2	Low	Courtesy, make way to public.	A	2	Negligible	
6										

List inspection and maintenance required for this activity:		List the relevant sections of Legislation, Codes of Practice or Standards applying to this activity:		Provide details of statutory and non-statutory certificates/ permits/approvals required for this activity & location if required:	
Site visit of project team and client to familiarise and discuss options / issues. Subsequent visits, photos, are likely.		HSE Act, Mauao documents of Iwi Trust		Tauranga City Council already have permission. Iwi rep involved.	
Emergency Arrangements:		List plant/machinery and personal and/or environment protective equipment required:		List certifications and training, includes Service Line Procedures and GHD e-learning, required to complete activity PM to confirm with job team):	
Role	Name & Contact Number	N/A		HSE eModules	
Job Manager					
Client Contact					
HSE Manager					
Emergency Services	111				
Nearest Hospital	Tauranga Hospital				
Information to provide in case of an emergency					
Assembly Point	Pilot Bay entrance to the walking track				
Nearest Rd / St and distance	Pilot Bay				
Local landmarks	Mauao				
Created by PM Name (or suitably delegate)	Signature	Date	Reviewed & Approved by PD Name (or suitably skilled and experienced delegate)	Signature	Date
		12/12/17			12/12/17
<i>By signing, I understand and agree to work to this JSEA, referenced procedures and have completed listed training I am empowered to stop work if any person's safety or the environment are at risk.</i>					
GHD Job Team Name	Position	Qualification	Signature	Date	PD Review In HSE Database? (P2 for jobs with External Suppliers, P3 for Client's Representative and P4 for Principal Contractor)
	Civil Engineer	BE			Yes / No
	Environmental Engineer	BE			
	Geotechnical Engineer	BE			
	Civil Engineer	BE			12/12/17
	Structural Engineer	BE			

Notes: Print a sufficient number of Pre-Work Assessment (single or multi-day) sheets for the number of days on site.

Arbor Care Limited

HEALTH AND SAFETY PLAN

February 2017

Mission Statement

Arbor Care, as a team, wants to have a successful business through which it can help each other and the community to enhance and create a better environment.

We will strive to do the best we are capable of, to be honest and reliable in our decisions and provide the best quality work possible.

In doing so our customers will get the best of our personalities and the best of our services.

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Amendments to the Health and Safety Plan

Date Of Change	Persons making changes	Health and Safety No. Changed	Summary of Changes	Reason For Change
02/02/16	§ 7(2)(a) ... Privacy	Policy	Reviewed & updated	Annual audit
7/12/16			Remove isolate	Annual audit
			Add JSA	Annual audit
			Add update Tailgate form	Annual audit
			Risk management	Annual audit
			Serious Harm	Annual audit
13/1/17	§ 7(2)(a) ... Privacy	Policy	Reviewed and undated	Annual Audit

HEALTH & SAFETY ONE - EMPLOYER COMMITMENT TO SAFETY MANAGEMENT PRACTICES

HEALTH AND SAFETY POLICY

Date: 2 February 2017

Arbor Care is committed to health and safety in all aspects of its operations. The Person Conducting the Business (PCBU) and Management will ensure compliance with all relevant Health and safety legislation, standards, and codes of practice including but not limited to:

- The Health and Safety in Employment Act, 1992
 - The Health and Safety at Work Act 2015
 - 2013 Best Practice Guidelines 'Safety Requirements for New Zealand Arboricultural Operations'
 - Approved Code of Practice for Safety and Health in Tree Work, Part 1 Arboriculture.
 - Approved Code of Practice for Safety and Health in Tree Work, Part 2 Maintenance of Trees Around Power Lines.
 - Safetree
 - Worksafe NZ
 - Enviro-Mark NZ
- a) Arbor Care's Person Conducting the Business (PCBU) and Management will encourage and support Worker (employee) consultation and participation in health and safety through monthly health and safety meetings and daily 'tailgate' sessions, and nominations to the safety representatives' team. The Worker (Employees) will be encouraged to communicate any health and safety issues they have directly to management, at all times.

Arbor Care will facilitate the safe and early return to work of any injured Worker (employees), providing light duties when necessary and available. Arbor Care Management and Staff maintain and encourage communication with injured staff whilst they are not in the workplace.

The Person Conducting the Business (PCBU) and Management's responsibilities for Health and Safety include taking all practical steps in the Primary Care of Duty to:

- Provide and maintain a safe working environment
- Provide and maintain facilities for the safety and health of employees at work
- Ensure that machinery and equipment in the place of work is designed, made, set up and maintained to be safe for employees
- Ensure employees are not exposed to hazards in the course of their work

- Ensure visitors to Arbor Care work sites are not exposed to hazards
- Ensure the public are not exposed to hazards resulting from Arbor Care's operations
- Develop procedures for dealing with emergencies that might arise while employees are at work.
- To improve the staff's capability in Health & Safety, training will be provided and reviewed.
- Keep up to date with Health and Safety management through attendance of relevant seminars, conferences and workshops.

The Worker (employees') responsibilities for Health and Safety include taking all practical steps to:

- Ensure their own safety and health while at work
- Ensure that their actions or inactions do not harm anyone else
- Inform others of a potential or actual hazard as soon as it is identified.
- To comply with any reasonable instruction that is given by the Person Conducting the Business (PCBU) to allow compliance with Health and Safety Act or regulations.
- To co-operate with any reasonable policy or procedure relating to Health and safety at the workplace that has been notified to Workers

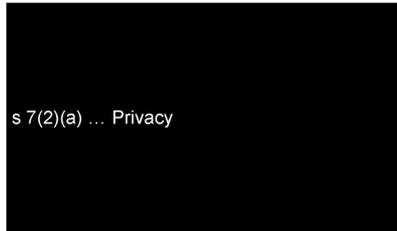
Arbor Care's Health and Safety Policy is based around a range of formalised procedures.

- b) Arbor Care will; each year at the 'Annual Management Review of Health and Safety Procedures'; appoint the safety representatives' team. They will receive support from training courses where available'
- A **Safety Manager** to oversee the implementation of the Health and Safety Policy. To report to The Person Conduction the Business (PCBU).
 - A **Safety Supervisor** to assist the Safety Manager and to review and write procedures.
 - A **Safety Officer** to assist the Safety Supervisor and Manager .The Safety Officer will audit all Workers personal protective equipment twice a year. To be the Workers representative in Health and Safety matters. The safety Officer is elected by all Workers (employees)
- c) Risk Management will have procedures to eliminate or minimise potential accidents. The Five steps to minimise will be considered to reduce significant hazards. 1. Substitution 2. Isolate 3. Engineering controls 4. Administration Controls 5. PPE
- d) All staff will be trained in the use of the plant and equipment that is utilised in arboricultural work, equivalent to their job description. Refresher Courses will be undertaken to maintain companacy .

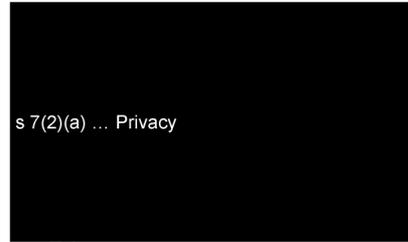
- e) All full-time staff shall hold a current First Aid Certificate.
The Safety Supervisor will induct all new staff members in Arbor Care's Health and Safety Policy, programme and procedures before commencing work.
- f) Supervisors of arboricultural units will have attended a recognised arboricultural training course. All work that is carried out will be carried out to recognised safety standards as specified in the relevant codes of practice, standards, or procedures.
- g) Arbor Care will supply all staff with the correct personal protective equipment. The issuing of the necessary equipment is recorded. All personal protective equipment is replaced when required. The Safety Officer will undertake a six-monthly audit of all personal protective equipment.
- h) The Safety Representatives will ensure that personal protective equipment is tagged, retired or destroyed when equipment is no longer sustainable for safety.
- i) Arbor Care will supply all staff with suitable headwear and barrier creams to reduce the chances of skin diseases.
- j) Emergency procedures will be present on all worksites. These are located in all staff work satchels.
- k) All accidents or serious harm to a staff member are accurately recorded in the Incident and Accident Register. An investigation will be undertaken with the Form of Register or Notification of Circumstances of Accident or Serious Harm. The investigation will be reported and discussed at the next Health and Safety meeting. Worksafe NZ will be notified and any Principal's in the required time frame.
- l) Incidents, Near misses or work related illnesses are accurately recorded on the Incident and Near Misses Register form, and discussed at the monthly Health and Safety meetings. Each staff members' Health and Safety record is reviewed as part of their annual performance appraisal.
- m) Specialised training for tree aerial rescues will be carried out in June and December each year. Elevated Platform Vehicle rescues will be included in December's training.
- n) Arbor Care Staff is committed to constantly improving and reviewing all aspects of Health and Safety.
- o) Arbor Care recognises the importance of care and protection of the natural environment and is committed to their Environmental Management System (EMS). Arbor Care have logically and systematically considered what we do and how we do it under our EMS to ensure we identify, evaluate and manage our environmental aspects and impacts.

This policy will undergo a formal review annually in January by Officers.

Signed:
Person Conducting the Business



Managing Director



Director

Health and Safety In The Workplace

Staff and Management at Arbor Care are committed to providing a Healthy and safe workplace for the employees, contractors and visitors on company work sites and premises.

In doing so we will comply with all relevant legislation, Codes of Practice and regulations, and to continually improve our performance, seeking excellence in Health and Safety.

Arbor Care manages their Health and Safety with the support of three staff members. These positions are:

- Health & Safety Manager
- Health & Safety Supervisor
- Health & Safety Officer –

The position of Health and Safety Officer is elected at the Annual Audit of the Management Review of Health & Safety Procedures by the Workers. The position of the Health and Safety Manager and Supervisor will be appointed by the management team and confirmed at the above mentioned Audit. The minimum criteria for these positions are to have a recognised qualification in Arboriculture.

Arbor Care has developed specific procedures for carrying out all forms of arboriculture work. These procedures are supported by information from the

- Health & Safety in Employment Act 1992
- Work Safe New Zealand
- Approved Code of Practice For Safety and Health in the Work
Part 1: Arboriculture and
Part 2: Maintenance of Trees Around Power Lines
- The NZ Arboriculture Association
- Electricity Engineers Association of NZ

Arbor Care will; each year at the 'Annual Management Review of Health and Safety Procedures appoint:

- A **Safety Manager** to oversee the implementation of the Health and Safety Policy, with support from training courses where available.
- A **Safety Supervisor** to assist the Safety Manager and to review and write procedures.
- A **Safety Officer** to assist the Safety Supervisor and Manager and to minute the Health and Safety meetings and audit personal protective equipment.

All Managers And Staff Will Have Individual Responsibility For Health And Safety And Will:

1. Promote Health and Safety, and maintain a safe workplace, safe equipment and proper materials
2. Establish and insist upon safe methods and safe practices at all times and to ensure employee participation at all levels
3. Ensure that Safety Representatives are selected and trained to help monitor conformance to safety standards
4. Ensure that all employees and others working for our organisation understand and accept their responsibility to promote a safe and healthy workplace

Management Commitment to Support the Safe and Early Return to Work

The Arbor Care Ltd management thoroughly supports ACC in safe and early return to work of injured staff and their rehabilitation into the workplace.

Methods of support:

- Liaison with ACC officers, doctors, and specialists
- Light duties where possible, further training in computer and consultancy work depending on staff qualifications and abilities.
- Weekly consultation and assessment with professional health care providers.
- Regular communication with injured employee by management, office staff and other Arborists

Annual Management Review of Health and Safety

Procedures

Arbor Care holds an Annual Review of Overall Health & Safety Management Systems. This is to consider whether the systems in place are sufficient and adequate to manage workplace health & safety requirements. Annual health and safety goals will be made.

A Health and Safety Management review after a critical event and /or if there is a major change in work procedure or health and safety policy this will also be covered in this evaluation. All results of this review are presented back to the monthly health and safety meeting for all staff and management to be informed.

Objectives Reviewed:

1. Promotion of health & safety
2. Hazards/safety rules
3. Selection of the safety representative
4. Training needs reviewed
5. Zero workplace incidents
6. Critical event/ major change of works in health and safety management

This meeting involves a cross section of Arbor Care staff:

Groundsmen
Arborists
Supervisors
Management

Arbor Care is committed to staying informed of changes in legislation, regulations and current codes of practice by maintaining communicative relationships with:

NZ Arboriculture Association
Electricity Engineer's Association
Ministry of Business, Innovation and Employment (MBIE)
ACC
Work safe New Zealand

Annual Self-Assessment Review of Workplace Safety Management Practices

Arbor Care completes an Annual Self Assessment Review of Workplace Safety Management Practices. This is held to ensure we remain current and effective. This review also provides an opportunity to consider any recent innovations and developments in hazard management practices.

Items reviewed:

1. Health & Safety minutes
2. Incident and Accident Register
3. Climbing kit audits
4. Individual Matrix of staff training
5. Tailgate document
6. Site familiarization checklist for sub-contractors
7. Health & safety programme
8. Log Books
9. Emergency procedures
10. Aerial rescues
11. Review of Hazard Register
12. Significant Hazards

This meeting involves all health & safety staff, administrative management and a cross section of working staff, as well as invitations to industry representatives. The outcomes of this meeting are discussed at the next management meeting and the monthly Health and Safety meeting.

NB The Health and Safety Policy is now discussed and reviewed in full at a special one off meeting every January with a selection of staff and Management.

Specialist Advice and Services for Managing Specific Hazards

We will bring in specialist advice and services where the competency is not available though our internal staff for managing specific hazards.

When appointing external specialists the following will be taken into account.

- Identification of the advice, service or health & safety trainer required.
- Research into which persons or company can provide the required specialist advice/or service.
- Contract the employment of specialist to fulfil the required competency for managing the identified or critical hazard (e.g. hearing specialist, growsafe – spray safety, Wintec, Liveline Electrical and CPR).

Pre-employment Health Screening

Arbor care Ltd practice pre-employment health screening for the safety of the prospective employee and for the safety of the other staff of Arbor Care.

1. General physical Fitness evaluation (due to the high level of physical demand of arboricultural work). Assessment is carried out in the Medical section of the 'Employment Application Form' and at interview.
2. Entry Hearing test. This test will be carried out within eight weeks of beginning work. (Due to the high usage of loud machinery this needs monitoring)

Health Monitoring of all Staff

Arbor Care have identified the following as significant health hazards due to the nature of the job:

- Noise from chainsaws and chippers
- UV radiation from the sun

To ensure these factors do not cause problems we issue personal protective equipment PPE (Hearing protection and sunscreen). To monitor that the PPE is effective we carry out annual health tests on our staff, the following tests are carried out:

Annual hearing tests, lung function and skin checks are conducted using an external provider.

The medical centre 'Central Med' on the corner of Devonport road and 14th avenue is the nominated health centre for Arbor care staff for any work place injuries. There is a daytime emergency service available. All charges are paid by Arbor Care.

NB All results are reviewed by management and Health and Safety manager. Any unsuitable results i.e. 'hearing loss notification' or "noise induced hearing loss' will be followed up immediately with a hazard management review.

Staff Departure from Work Place

1. Minimum requirement is an exit-hearing test.
2. Return all protective safety clothing that has been issued.

Definition of Significant Hazard

As defined by the Health & Safety Employment Act 1992.

"Significant hazard" means a hazard that is an actual or potential cause or source of:

- (a) Serious harm; or
- (b) Harm (being harm that is more than trivial) the severity of whose effects on any person depend (entirely or among other things) on the extent of the frequency of the person's exposure to the hazard; or
- (c) Harm that does not usually occur, or usually is not easily detectable, until a significant time after exposure to the hazard.

Arbor Care Ltd considers all our hazards as 'significant hazards'. This is discussed in significant depth at the Annual Self-Assessment Review, for changes that may be necessary in this classification. For any significant hazards in the workplace the action choice is to eliminate and minimise the hazard. The Supervisors and Crew (Workers) discuss all aspects of their hazard management at all work sites and Check "What is the likely hood that is this risk going to Occur"

Minimum Personal Protective Equipment Requirements.

The minimum PPE Arbor Care requires on its work sites is Safety Boots, However Safety glasses, Hi-Viz vest, Chaps and Hard Hat will be required on most sites. Additional PPE may be required as outlined in the procedures for the specific task being carried out.

Job Safety Analysis (JSA)

JSA are used on major tree works for improving Risk Management. The JSA completed form is complimentary to managing risk on all contracting job sites for major principle's. The JSA is completed and signed by the Health and Safety management team and Workers(Supervisor) on that job site. The JSA is a10-14 page document and the following page is an example of the first page. The completed JSA is job specific .

SAFETY PLAN FOR TREE WORKS

Job Name	Mauao Track Rehabilitation
Location/s	Mauao, Mt Maunganui
Planned developed by: (list team members involved)	 s 7(2)(a) – Privacy

When to use the Safety Plan

This Safety Plan is to be used for all major tree maintenance and works when using the following equipment

EWP
Tractor
Excavator
Jensen
Kanga
Overhead high voltage and Autoclosure

It is to be used per task.

If the task is over 1 day it must be reviewed daily.

Responsibilities for completion of the Safety Plan

The Safety Plan for each job must be completed and signed off by the Project Manager, Supervisor and all staff working on the job

This Safety Plan must be completed by:

- Project Manager
- Key staff who will be onsite or have responsibilities for this job

All Staff **must** have received, understood and signed this site safety briefing before commencing work.

Notification about high-risk activities to Work safe NZ.

This is for large tree removal. Average once per week and is completed by the Health and Safety Management Team. The notification is registered over the internet to Work Safe NZ.

Arbor Care Tailgate Document

Hazard Identification and Risk Management

When arriving in the place of work it is important that all staff, not just the supervisors, get involved in filling out the Tailgate Document. This involves identifying Significant Hazards in the place of work (previous, existing and potential) and regularly reviewing them to determine whether there are changes occurring that will require further action throughout the work site. Where conditions change the supervisor should amend the tailgate and get the staff members to initial the changes.

- (a) **Hazard Identification** this column contains the majority of hazards that arboriculture crews will encounter. It is by no means complete. All Workers at every worksite will consider 'How to manage the Risk of each Hazard.'
- (b) **Risk/Action** this column rates the hazards by **high, medium or low**. For example if working on Cameron Road 'traffic' would be a significant hazard, due to the road being a major arterial route, the risk would be rated as 'High'.
- (c) **Eliminated and Minimise** is also part of this column to assess whether the hazard can be "eliminated". If elimination is not practicable, Minimise concepts will be used to prevent potential accidents. The Five steps to minimise will be considered to reduce significant hazards. 1. Substitution 2. Isolate 3. Engineering controls 4. Administration Controls 5. PPE

If it is impractical to eliminate the hazard completely, then it must be minimised. For example working on Cameron Road. It is not possible to eliminate the vehicle or pedestrian traffic, so the use of safe traffic management can be used to minimise the event of an incident or accident occurring

If it is impractical to eliminate the hazard completely, then it must be minimised. For example working on Cameron Road. It is not possible to eliminate the vehicle or pedestrian traffic, so the use of safe traffic management can be used to minimise the event of an incident or accident occurring.

- (d) **Hazard Control and Risk Management** this section gives the arboriculture crew a chance to write down any equipment or ideas that will be used to

minimise the hazard, for example cones, high visibility tape, PPE and/or awareness.

- (e) **Hazards not listed**, In this section any additional hazards not listed in the above section can be added and control measures explained.
- (f) **Discussion & Action Points** contains seven points to ensure the crew is fully aware of all hazards and controls, emergency procedures and equipment and any potential environmental hazards.
- (g) **Visitor**. This section is to sign in any visitor that comes on to a job site and ensure that they understand all Health and safety issues relating to the work site. All Visitors must be signed in their time of arrival recorded and when departing signed off the document.
- (h) **Subcontractor Inducted**. In this section; where subcontractors are being used; the supervisor ticks to confirm that the subcontractor induction forms have been filled out and the subcontractor has been inducted on to the site.
- (i) **Arrival and departure of Staff after initial tailgate meeting**. In this section any staff arriving at or leaving the site after the initial tailgate meeting are inducted by the supervisor or nominated staff member and signed on or off the site and the times recorded.
- (j) **Site Supervisor**. In this section the supervisor will sign the Tailgate to confirm that the tailgate has been filled in and understood with all staff
- (k) **Near Miss reporting**.

Definition: a near miss as an “unplanned event that did not result in injury, illness or damage – but had the potential to do so.”

Arbor Care Ltd encourages all staff in reporting of near misses as this gains an opportunity to prevent future incidents.

On the back of the tailgate Document is a box for any Near Miss occurrence's to be recorded. There is another box for reporting near misses on the front of the daily job record.

These will be discussed at the monthly Health and Safety meetings.



Arbor Care Ltd
ARBORICULTURAL CONTRACTORS

Procedures: Arbor	TMP Number: _____ STMS for Site: _____
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ARBOR CARE TAILGATE DOCUMENT

Supervisor(name) **Work Hours:**.....
 Work Group Members(names& signatures)
 Location:

HAZARD IDENTIFICATION		HAZARD CONTROLS			
Electrical conductors/Hardware & Underground Services	Risk Action	L E	M	H M	
Traffic/ Pedestrians	Risk Action	L E	M	H M	
Fences/buildings	Risk Action	L E	M	H M	
Chainsaws/Chippers Stumpgrinder	Risk Action	L E	M	H M	
Storm damage, Hangers, Decayed stems	Risk Action	L E	M	H M	
Pitches/soft ground	Risk Action	L E	M	H M	
Working at height and overhead hazards	Risk Action	L E	M	H M	
Inexperienced Staff In team	Risk Action	L E	M	H M	

Hazards not listed above:

Hazard	Risk (H,M,L)	Action (E,M)	Control

Hazards Identified after start of work:

Hazard	(H,M,L)	(E,M)	Control	Time and staff Initials

Continued over page:

DISCUSSION & ACTION POINTS: (To be completed by Supervisor)

	Yes (Tick & signature)	No (Tick & signature)
1. Work Procedure identified and discussed with all Team Members		
2. All work group members familiar with emergency procedures		
3. All work group members familiar with location of emergency equipment		
4. Site has been inspected and all hazards and potential hazards discussed with the work group.		
5. Personal protective equipment checked and OK (Safety harness, hard hat, ropes, footwear).		
6. Tools & Equipment checked.		
7. Environmental Hazards (chemicals, waterways, etc)		

Sub Contractor Inducted: Yes No

Sight Traffic Signed

Arrival and departure of Staff after initial tailgate meeting

(Staff arriving to be inducted onto the site by the supervisor or nominated staff member)

Name, Signature & time of arrival:.....

Name and time of departure:.....

I am satisfied that all staff under my control, (including subcontractors) on this job are fully conversant with the work and safety requirements detailed above.

I am satisfied that all personnel on site have the correct safety equipment required and that it is not faulty.

Date:/...../..... Site Supervisor (Signed)

HEALTH & SAFETY FOUR – INFORMATION, TRAINING AND SUPERVISION

All **new staff** will participate in a Health and Safety induction programme.

This programme will cover

- Read, understand, and sign the Health and Safety Policy and Plan
- Issued with the Familiarisation and Work Procedure Manual
- Carry out a site familiarisation tour
- View safety videos
- Complete a hearing test within eight weeks
- Complete a work place First Aid Course or provide evidence of a current certificate. Informed where all First Aid Kits are³ to be found.
- Explain the Near misses, incident and injury reporting system
- Explain the work injury claims procedure
- Explanation of the Arbor Care Yard Hazard Identification Register
- Issue of all required Personal Protective Equipment
- View and copy for records the employees Drivers License
- Carry out a Site Safe Course as soon as is practical
- Carry out a Traffic Controller Course as soon as is practical
- Made aware of fire extinguishers and evacuation points

Skills

As well as on the job training, Arbor Care is committed to providing ongoing safety training to improve the personal competencies of their staff. Some of the training provided includes:

- First Aid and annual refreshers
- Traffic Controller and STMS Level 1,2,3
- Site Safe Passport
- Heavy Traffic Licence and other vehicle training
- Advanced Arboricultural Courses
- Power Line Registration and Competency
- Growsafe Courses

Competent Arborist

A person deemed by management suitably qualified either by experience and/or by training for the type of arboricultural work in which the person is engaged or authorised to do by the management.

Work Injury Claims Procedure

All work injuries must be reported to the supervisor and the health and safety manager and an incident or accident reporting form filled out before the end of the work day that the accident/incident happened or when practicably possible.

As part of the Work Claim Procedure – the employee may be tested for the present of alcohol or drugs when they are involved in an accident/incident or near miss – as per the Drug and Alcohol Policy and procedure

When a work injury occurs that will require time off work the employee must either see their doctor or visit a doctor at Central Med Fourteenth Avenue. Arbor Care has an account at Central Med Fourteenth Avenue and will pay the account for this initial visit. If the employee chooses to go to their own doctor for this initial visit Arbor Care will not pay the account.

Where an injury requires time off work Arbor Care may require the employee to see a doctor of Arbor Care's choice to get a second opinion.

HEALTH & SAFETY FIVE – INCIDENT AND INJURY REPORTING, RECORDING AND INVESTIGATION

Accidents or Serious Harm

To report an **incident of serious harm** or a **notifiable accident** under Schedule 8 of the Regulations, involving:

- Fire, ignition, explosion, or smoke
- Ventilation and gas
- Outburst, inundation, or inrush
- Ground, geotechnical, and other structural failures
- Emergency, escape, and rescue
- Vehicles and plant
- Shot-firing
- Electricity

The following types of harm are defined as "serious harm" for the purposes of the Health and Safety at Work Act 2015 (HSWA)

1. Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.
2. Amputation of body part
3. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
4. Loss of consciousness from lack of oxygen.

5. Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation or ingestion of any substance.
6. Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harm's occurrence.

All Serious Harm events must be recorded in detail. Use the Register of Notification of Circumstances of Accident or Serious Harm Form. Attach a diagram or sketch if necessary for explanation.

All serious harm events and accidents will be notified by the health and safety manager to WorkSafe New Zealand by phone as soon as practical

Phone 0800 030 040 (24 hours) and choose Option 1.

And with written notice on a **Form of register or notification of circumstances of Accident or Serious Harm** within seven days.

The Health & Safety Manager will then carry out an Accident Investigation. This investigation should aim to identify the causes of the harm and make recommendations as to how these should be avoided in the future. Recommendations made during the investigation should be listed with responsibilities for implementing the recommendations. The recommendations should be time bound, signed and dated by those responsible.

All accidents are reviewed monthly at the Health & Safety Meeting.

Where damage or serious harm has been caused, nothing relating to the accident scene is to be disturbed without the express approval of the Manager, except for the purpose of preserving life or relieving suffering.

Incident or Near Misses

Incidents and minor injuries may be defined as incidents that did not cause serious harm or injury. They must be recorded, investigated and evaluated with the objective of avoiding potential accidents or harm.

All Incident and Accidents are recorded on the Incident and Accident Register. The register is reviewed and discussed either at the monthly Health & Safety Meetings or earlier if deemed necessary.

All near misses are recorded on the back of the daily tailgate form or the front of the DJR. These will then be viewed everyday by management. All near misses are discussed at the monthly Health & Safety Meetings.

All injuries and property damage must be reported immediately to your Supervisor, Safety Officer or Manager. Treatment must be sought for all injuries, no matter how minor.

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

1 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)

- 1st week 1st 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:

- fall, trip or slip hitting objects with part of the body
 sound or pressure being hit by moving objects
 body stressing heat, radiation or energy
 biological factors chemicals or other substances
 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)
--



Incident / Accident

Report & Investigation Form

This form must be completed with corrective actions and Manager's comments within 24 hours.

1. Person(s) Involved:

Name: _____ TCC: Y / No (please circle)

Site Supervisor _____

2. Details of / incident / accident:

Location: _____

Date: _____ Time: _____ am / pm

3. Severity:

Fatal Serious Harm Minor Harm Incident

4. Treatment:

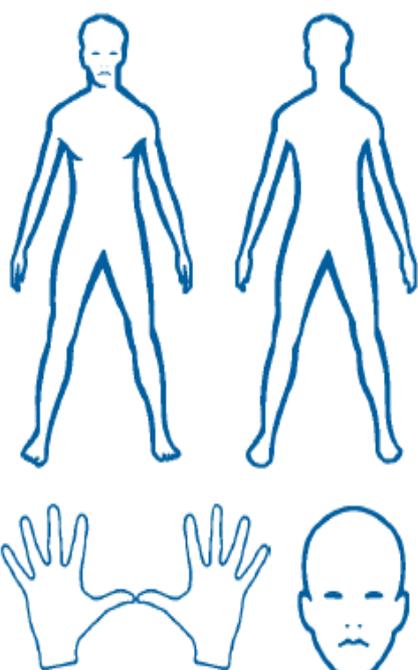
Nil First Aid Doctor Hospital

What treatment was given ? _____

By Whom _____

INJURY DETAILS - BODY PART

Shade the part of the body that is injured



INJURY TYPE (TICK)

- Aches/pain (gradual)
- Aches/pain (sudden)
- Amputation
- Broken bone
- Bruising incl. crushing
- Burn/scald
- Chemical reaction
- Choking/suffocation
- Concussion/brain injury
- Cut (infected)
- Cut (not infected)
- Dental injury
- Dermatitis
- Dislocation
- Fatal
- Foreign body
- Eye Nose Ear
- Inhalation disease (asbestos /lead)
- Hearing loss (noise induced)
- Poisoning
- Strain/sprain
- Other
- Multiple injuries

5. Describe the cause of the incident / accident: _____

Contributory Factors (refer to these when identifying the cause of the incident / accident)

Immediate Causes

- Guarding
- Defective tools or equipment
- Subtle change occurred
- Unsafe conditions
- Operational Planning
- Stress on the job
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning/conditions
- Distraction / fooling about

6. **What actions could have you used** _____

8. **Manager's Comments:**

Signed: _____ Date: _____

9 **Corrective Action:** (What will be done to *minimise the risk of this happening again*) TO BE COMPLETED AFTER H & S MEETING

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **Has a New significant hazard been identified ?** Y / N
If yes, please investigate this hazard and update the Hazard Register

11. Incident /Accident recorded in Vault and all corrective actions completed _Signed: _____ Date: _____

HEALTH & SAFETY SIX – EMPLOYEE PARTICIPATION IN HEALTH & SAFETY MANAGEMENT

Health & Safety meetings are held with all staff monthly or at any time that an employee may request. At the monthly Health & Safety Meetings any Accidents, Incidents and/or Near misses (past and present) are discussed, and reviewed. Solutions are put in place to help avoid these same incidents occurring again.

Arbor Care completes an Annual Self-Assessment Review of Workplace Safety Management Practices. This meeting involves all health & safety staff, administrative management and a cross section of working staff, as well as invitations to industry representatives.

Arbor Care holds an Annual Self-Assessment Review of Procedures for Health & Safety Management Objectives. This considers whether the systems in place are sufficient and adequate to manage workplace health & safety requirements. This meeting involves a cross section of Arbor Care staff.

Arbor Care will; each year at the Annual Self-Assessment Review of Procedures for Health & Safety Management Objectives elect

- **Safety Manager** to oversee the implementation of the Health and Safety Policy, with support from training courses where available.
- A **Safety Supervisor** to assist the Safety Manager and to review and write procedures.
- A **Safety Officer** to assist the Safety Supervisor and Manager and to minute the Health and Safety meetings and audit personal protective equipment.

Flu Pandemic Contingency Planning

Arbor Care has implemented this contingency plan before a flu pandemic has arisen to make all employees aware of the implications of a pandemic and to outline procedures to reduce the impacts as much as possible.

The greatest risk for spreading the flu is close contact between people, so the most important safety steps are to reduce person-to-person contact. The risk is much reduced if people can stay at least one metre apart.

As the majority of our work is outside rather than in a closed in space the risks are also reduced.

Should a Flu Pandemic become apparent Arbor Care will implement the following measures:

1. As much business contact with customers as possible will be carried out by phone or email.

When customers must be encountered such as when arriving on a job at a private residence, employees should stand well back from the door and suspend usual physical niceties such as shaking hands etc, keeping at least 1 metre apart.

Procedures will be put in place to reduce the gathering of employees in the building areas at the beginning of and at the end of the day. This may mean that gear is loaded in and out of the sheds by only a few people and that the daily instructions may need to be given in the truck bays or outside rather than in the office

2. During a pandemic, if an employee becomes sick with flu like symptoms they should not come in to work. In this situation Arbor Care will pay them their accumulated sick leave followed by their accumulated annual leave, after this point the employee will be put on leave without pay until such time as it is suitable for them to return to work.

3. If an employee needs to stay home to look after dependents Arbor Care will pay them their accumulated sick leave followed by their accumulated annual leave, after this point the employee will be put on leave without pay until such time as it is suitable for them to return to work.
4. If Arbor Care is forced to close due to a pandemic Management will attempt to come to a fair and reasonable solution.

In Schedule 5 a) of Arbor Cares' Employment Contract it states that the Employer is under no obligation to offer work if there is in the Employers opinion insufficient work. In this situation the Employer has no obligation to remunerate the Employee for that day or days.

However if Arbor Care is forced to close due to a Pandemic, management will attempt to reach a fair and reasonable solution in an attempt to prevent undue hardship for the Employees while also maintaining the Company in a position where it will be able to continue trading once conditions improve.

Arbor Care will pay them their accumulated sick leave followed by their accumulated annual leave, after this point Arbor Care will aim to pay all Employees a minimum of \$150 per week for as long as is possible during any forced closure of the business.

Specialised Emergency Situations

Arbor Care has identified that specialised emergency situations may arise as a result of the following:

<u>Electrical</u>	Trees falling on live lines
<u>Working at Heights</u>	Arborists injuring themselves in high trees
<u>Extreme Weather</u>	Trees blown down throughout urban areas blocking roads,
<u>Vehicle Accidents</u>	Due to large amount of time on the roads traveling from worksite to worksite.
<u>Earthquakes</u>	unstable land movements disturbing work sites

Our specialised training is as follows:

1. Level One First Aid plus worksite trauma.

Arbor Care aims for all staff hold unit NZQA640. This unit covers the following:

- Scene risk assessment at accident site
- Moving injured people correctly
- Controlling bleeding
- CPR
- Burns management

2. Advanced specialised electrical training

Including:

PowerCo workplace training competency.

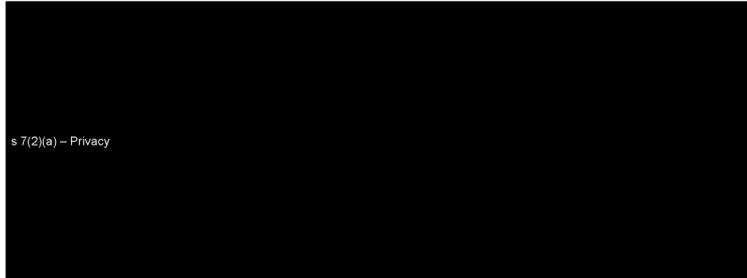
Arbor Care also carries out internal competency assessment and training.

3. All Arborists are trained in aerial rescues.

Arbor Care carries out aerial rescue practice on a six monthly basis.

4. Arbor Care has had discussions with The Operations Manager for Tauranga City Civil Defense Office who has provided NZQA528 Unit Standard, and is aware that our company has the Tauranga City Council Contract to support his department in road clearance if such a specialised emergency occurs.

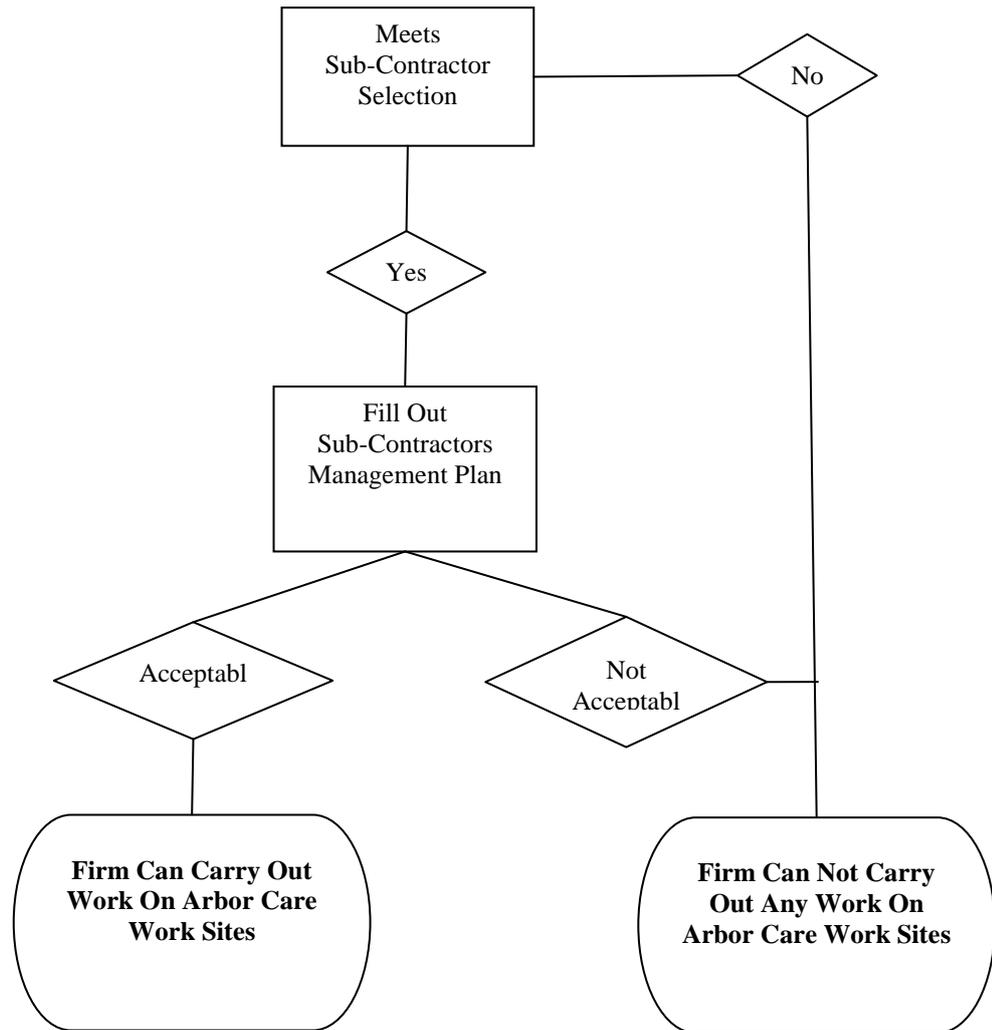
Current Sub-Contractors



Arbor Care Ltd may from time to time utilise other contractors where it is deemed necessary for supply of service or to gain better quality service.

Arbor Care uses the following procedures and forms to protect its employees from work undertaken by contractors and sub-contractors.

Sub-Contractor Selection Flow Chart



Sub-Contractor Selection

When selecting contractors and sub-contractors the following aspects will be taken into account

- The contractors' ability to carry out the job competently and safely to the required specifications.
- The Contractors' track record.
- The Contractors' training and health and safety policy and procedures.

Arbor Care's management will carry out a two yearly review of our sub-contractors. This review will compare all sub-contractors and potential new sub-contractors to the selection criteria above.

Sub-Contractors Management Plan

Once a sub-contractor has passed the selection stage; or upon passing the two yearly sub-contractors review; they must fill out a Sub-Contractors Management Plan Form. This form must be filled out by an appropriate member of staff from the sub-contractors firm (e.g. someone with responsibility for health and safety within the firm).

This form must be filled out, returned to Arbor Care, and approved before that firm can be used for any work on Arbor Care Ltd work sites.



Sub-Contractors Management Plan

Arbor Care Ltd Health and Safety management programme requires sub-contractors that work on their worksites have appropriate Health and Safety training and procedures. This is a biennial review. 2015-2017

Company Name:.....

Address

Fax Number.....

Email.....

Company Contact Person.....

Mb

Health and Safety Presentative.....

Mb

Please complete the following Questions:

1. Staff Health and Safety Training

Does your company have a Health and Safety Policy? Yes / No
If so, *please attach a copy.*

Is there staff induction on Health and Safety at start of employment? Yes / No
Is there Health and safety induction at the start of each job? Yes/No

Is there PPE worn? Yes / No

Are there monthly Health and Safety meetings? Yes / No
When.....

Do you have First Aid Kits in on your work Sites Yes/ No

2. Emergency Procedures

Do you have an Emergency Procedure for your worksites? Yes//No

Is it company policy for Staff to hold current first Aid Certificates? Yes/No

Is your Staff competent in CPR? Yes/No

3. Hazard Management

Do you have a hazard register? Yes/No

Can you allocate control measures to identified hazards? Yes/No

Do you regularly assess significant hazards? Yes/No

How.....
.....
.....

4. Accidents.

Do you have an accident and serious harm register? Yes / No

Do you have a procedure for accident investigation? Yes /No

Have there been any accident or serious harm incidents during the last two years? Yes / No

If so, please give brief details:
.....
.....

Do you have an incident reporting procedure ? Yes/No

Do you have a near miss reporting procedure? Yes/No

Do you have regular Health and Safety Audits on your work sites? Yes / No

By Whom.....

5. Business Insurance

Public Liability Yes/No Policy Limit \$.....

Commercial Motor Vehicle Yes/No

Please Provide a copy

6. Staff Training, Certifications, Licences and Permits

Please provide a staff matrix of current skills and Licences for all staff that could be working on an Arbor Care Ltd worksite or fill in this form

Name Licence Number

Classes 1 2 3 4 5 6 Crane Tracks Wheels Rollers

First Aid Yes/ No expiry.....

Site Safe Yes/No expiry.....

Traffic Controller TC / STMS L1 Yes/No Expiry.....

Other Qualifications.....

Name Licence Number

Classes 1 2 3 4 5 6 Crane Tracks Wheels Rollers
First Aid Yes/ No expiry.....
Site Safe Yes/No expiry.....
Traffic Controller TC / STMS L1 Yes/No Expiry.....
Other Qualifications.....

Name Licence Number

Classes 1 2 3 4 5 6 Crane Tracks Wheels Rollers
First Aid Yes/ No expiry.....
Site Safe Yes/No expiry.....
Traffic Controller TC / STMS L1 Yes/No Expiry.....
Other Qualifications.....

Name Licence Number

Classes 1 2 3 4 5 6 Crane Tracks Wheels Rollers
First Aid Yes/ No expiry.....
Site Safe Yes/No expiry.....
Traffic Controller TC / STMS L1 Yes/No Expiry.....
Other Qualifications.....

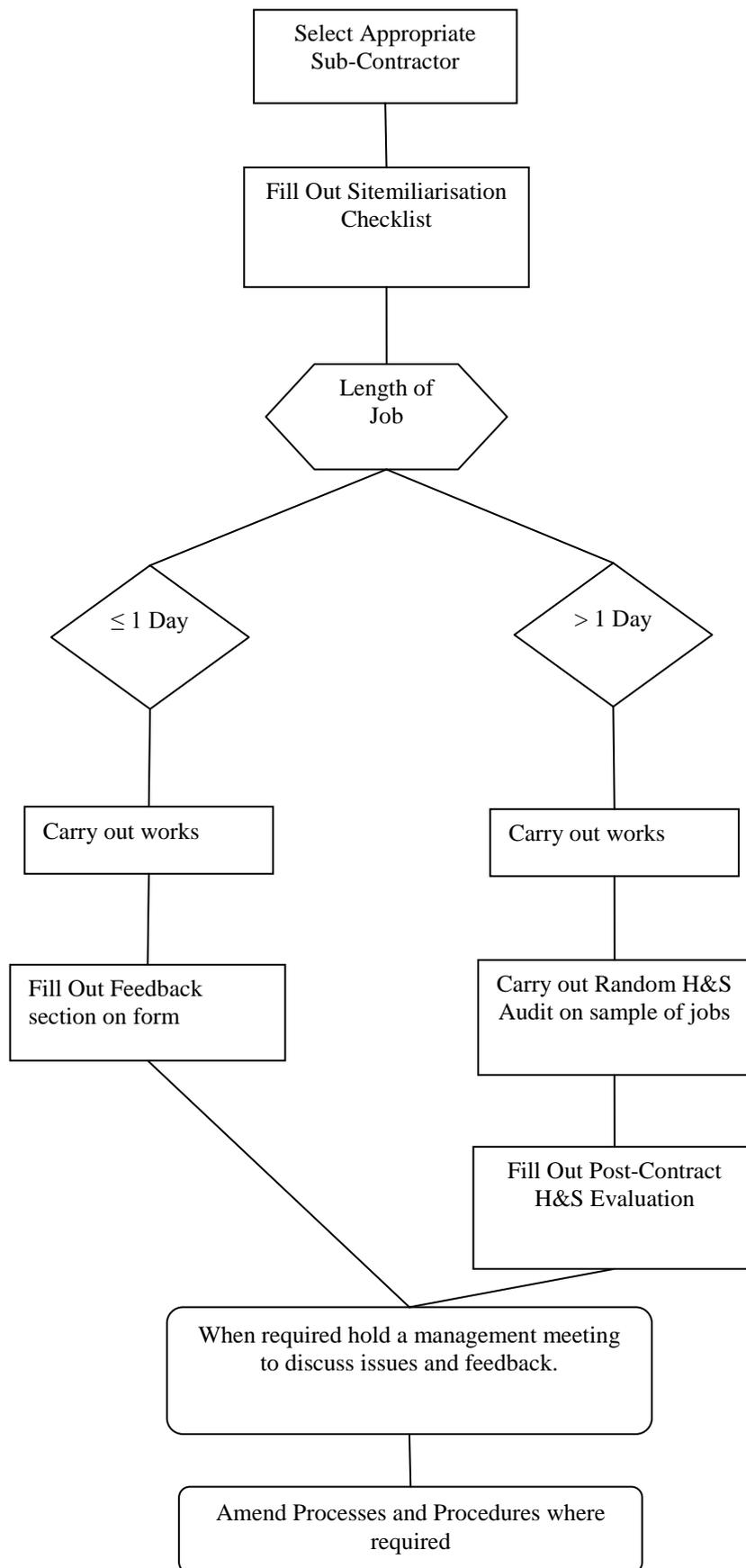
Declaration signed by Sub- Contractor

I confirm that this company and its employees have current and appropriate qualifications to carry out any work that will be undertaken for Arbor Care Ltd.

All staff will work within the Health and Safety guidelines of the particular workplace as indicated by Arbor Care Ltd.

Signature..... Date.....
Name.....
Sub- Contractor

Sub-Contractors Management Flow Chart



Site Familiarisation Checklist For Sub-Contractors

This form must be completed for **all** sub-contractors that come on to an Arbor Care work site to undertake work; and must be completed before their work begins. This form inducts the sub-contractor into the health and safety documentation of the individual job and site. At this stage the sub-contractor must have an active role in all hazard identification and control procedures.

This induction is carried out by the site supervisor or project manager from Arbor Care.

(This form is located in the Health and Safety Plan as it is the site supervisors who are responsible for carrying out the site induction and getting this form filled out)

At the end of the work period the Arbor Care on site Supervisor shall fill in the Feedback portion of this form with the sub-contractor. This section gives the sub-contractor the opportunity to give feedback on how the job went and any processes or procedures that could have been implemented or improved to make the job run better or more safely.

Any suggestions made on this part of the form should be recorded and discussed at a management meeting. This meeting should be minuted and any decisions regarding the recommendations recorded with responsibilities, timeframe, dates and signatures.

Random Health & Safety for Sub-Contractors Audit Form

This form will be filled out by an Arbor Care staff member on a selection of jobs utilising sub-contractors especially multi day jobs and jobs where the sub-contractor is working on a site without a constant Arbor Care presence.

This audit will check that all required health and safety documentation is on site, correctly filled out and understood; and that all required safety measures and equipment are onsite and used correctly.

Post-Contract Health & Safety Evaluation For Sub-Contractors

This form and interview will be carried out on a selection of jobs utilising sub-contractors after the works have been completed. This interview will generally be carried out on larger jobs taking two or more days.

This interview will be carried out by an Arbor Care Staff member and the on site supervisor from the sub-contractors firm.

Any suggestions or issues arising from this interview should be recorded and discussed at a management meeting. This meeting should be minuted and any decisions regarding the recommendations recorded with responsibilities, timeframe, dates and signatures.



SITE FAMILIARISATION CHECKLIST FOR SUB-CONTRACTORS

NAME:	LOCATION:	DATE:
-------	-----------	-------

The original shall be retained in the contract file.

	SITE FAMILIATION	Completed
1.	Introduction to fellow workers/supervisor	
2.	Workplace/Familiarisation Ensure Health & Safety hazards peculiar to site are covered	
3.	First Aid Boxes and Fire Extinguishers; locations and use	
4.	Discuss: Parking of vehicles (private and official) Site evacuation procedures e.g. warning signals, site access, egress and assembly areas	
5.	Discuss Entry and Authorisation procedures	
6.	Explain Accident/Incident Management Reporting requirements	
7.	Requirement to use safety equipment	
8.	Smoke free policy on worksites and specified areas (i.e. historic sites, hospitals, schools, etc)	
9.	Requirement that defective or worn out equipment must be replaced. Faulty equipment to be removed from service and tagged with a Do Not Use tag	
10.	Personnel to read safety rules. Check understood	
11.	Familiarise personnel with job or task to be done and expectations of them. Discuss company work instructions, including tailgates	
12.	Environmental Management System. Discuss the EMS scope is used to act Logically and systematically in your workplace to consider and reduce any environmental impact that you have control or influence over.	

Enter N/A if not applicable
All items on this checklist have been read, discussed and understood.

Signed by:
(Sub-Contractor) (Inductor)

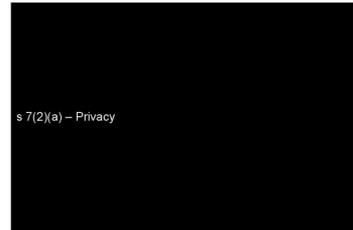
Date:

Feedback discussion on hazard identification, incident and injury control on job site:

.....
.....

Signed by:
(Sub-Contractor) (Inductor)

Date:



Random Site Health & Safety for Sub-Contractors Audit Form

Site Address:

Date and Time:

Sub-Contractor:

Crew Leader:

Crew:

Site Safety			
Hazard identification completed	Y	N	N/A
Correct signs displayed	Y	N	N/A
Correct cone placement	Y	N	N/A
Public isolated from worksite	Y	N	N/A
PPE worn by all crew members	Y	N	N/A
Emergency procedures understood by crew	Y	N	N/A
Correct equipment on site	Y	N	N/A
Equipment used in a safe and correct manner	Y	N	N/A
Environmental Impact is managed	Y	N	N/A

Equipment				
First aid kit, fire extinguisher	Y	N	N/A	
Condition of equipment e.g. crane, stump grinders, digger, auger, chainsaws <i>(please list below)</i> :				
	P	F	G	N/A
	P	F	G	N/A
	P	F	G	N/A

Overall Comments:

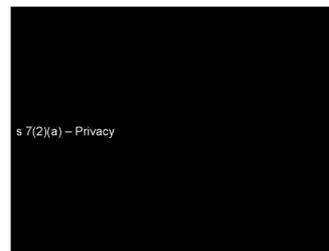
.....

Action to be taken:

.....

By Who: By when:

Signed by: (Sub-Contractor) (Arbor Care)



Post-Contract Health & Safety Evaluation For Sub-Contractors

Name: Company Name:.....

Location: Date:

Job Description:.....

Job Duration:

Completed Site Familiarization? Yes / No

Completed Site Audit Yes / No

Health & Safety Interview

1. Was first aid kit, or facilities, available and sufficient on site. Yes / No
2. Were there any accidents or incidents during the job? Yes / No
3. If an accident occurred, was the investigation, and preventative action accurately recorded and reported . Yes / No
4. Was corrective Personal Protective Equipment used? Yes / No
5. Were there any equipment usage breakages? Yes / No
Details:
6. Was a safe working environment maintained and safe working practices followed?
Yes / No
7. Were there any complaints, incidents or issues involving any members of the public?
Yes / No
Details:
8. Did any environmental accidents occur? Yes/No

Comments on hazard identification, environmental Impact, incident and injury control on job site or any Near Miss reporting.....

.....
.....

Signed by:
(Sub-Contractor) (Arbor Care)

Smoking Policy

Includes The Smoke-Free Environments Act 1990

- 1.1 A total prohibition on smoking:
 - In all office area; and
 - In any part of the workplace to which the public normally has access;
 - In workplace lunchroom
 - In the workshop & chainsaw area;
 - In the toilet & washroom area;
 - In the depot truck bays;
 - Operating any machinery
 - In all work vehicles
- 1.2 Any employee can request areas to be non smoking.
- 1.3 When the employer receives a complaint relating to work place smoking there is 20 days to investigate the complaint. The complaint will be investigated using the Smoke-Free Environments Act 1990, complaints procedure.
- 1.4 That the employer has taken all reasonably practical steps to ensure that **no person** (this is wider than employees and volunteers) smokes at any time in the workplace;
 - Displayed no-smoking signs;
 - Does not supply ashtrays;
 - Takes disciplinary action against “offending” smokers.
- 1.5 **During work hours, smoking is only permitted during tea breaks or lunch break in an open area.** Smoking is not permitted on private property. A designated open area at the Depot is the grassed area to the left of the workshop with picnic table.



Hazard	Action/Control Measure
Vehicle Movements	Awareness, Keep vehicle speeds to 5kph
Pedestrians	Awareness, Keep vehicle speeds to 5kph
Kids	Awareness, Kids are supposed to be out of the area when vehicles are arriving and leaving
Animals –Dogs etc	Awareness.
Workshop Hazards E.g. - Bench Grinder - Machinery and tools	No Unauthorised Personnel in workshop area. Use appropriate PPE when using tools
Heavy Equipment and Materials E.g. - Wire Strops - Transplanting frames - Timber etc	Awareness, Store correctly, Lift correctly
Diesel Tank	Take care when filling trucks etc. Gloves available
Fuel and Agrochemicals	Store these in the lock up shed, use appropriate PPE and Care when pouring or mixing.
Other On Site Contractors e.g. SIGHT Ltd	Awareness

Risk Register

The following table is a list of hazards commonly encountered and recommended controls.

General

Hazard	Harm/Impact	E/ M	Action
Working on or near the road	Being hit by vehicle	M	<ul style="list-style-type: none"> Follow Traffic Management Plan (TMP) Wear Hi Viz Vest at all times Work outside peak traffic times where possible
Manual Work	Various Injuries	M	<ul style="list-style-type: none"> Appropriate PPE is used Clothing tucked in and hair secure when working with machinery
Lifting/pulling/pushing/twisting body	Strain or Sprain	M	<ul style="list-style-type: none"> Lift Safely using correct technique Stand on stable ground Stretch and warm up Get help or make piece smaller when necessary Carry tools and vegetation so it can not catch on the body
Operating in busy areas or public places	Injury to staff or public	M	<ul style="list-style-type: none"> Mark out site with cones, tape or barriers as per TMP or as required Scan area for people or vehicles that could enter work site Only operate equipment when people are clear of area Know the safe working distances for the job Work to safe distances or put procedures in place where they can not be maintained, e.g. use an observer
Site Hazards (Plant, machinery, etc)	Injury to public, subcontractors, or the public	M	<ul style="list-style-type: none"> Control the site to exclude members of the public and ensure all visitors are inducted on arrival
Untidy work site	Slips, trips and falls	M	<ul style="list-style-type: none"> Good housekeeping
Noise	Hearing damage and injury caused by lack of ability to communicate	M	<ul style="list-style-type: none"> Wear appropriate grade hearing protection Turn machinery off when not required Discuss procedure for communication before beginning

			the job
Working from ladders	Falls, base slipping	M	<ul style="list-style-type: none"> • Check ladder is in good condition before use • Use ladder at safe angle (1:4) • Use on solid ground • Keep three points of contact when climbing up or down • Never work higher than 2 rungs below the top of the ladder
Vegetation brushing face and eyes	Eye injury or cuts	M	<ul style="list-style-type: none"> • Scan for potential vegetation • Wear safety glasses or visor where necessary
UV Rays	Skin Cancer	M	<ul style="list-style-type: none"> • Slip slop slap
Poisonous/allergic reaction causing plants	Allergic reaction and rashes	M	<ul style="list-style-type: none"> • Identify persons with known allergic reactions to specific plants and keep them off jobs involving them. • Identify possibly allergic reaction causing plants and use appropriate PPE when dealing with these trees.
Working			

Aerial Work

Hazard	Harm/Impact	E/M	Action
Falling branches	Staff, public or property hit by branches	M	<ul style="list-style-type: none"> • Cone, tape or barrier off site • Groundsman to ensure staff and public do not enter the fall zone • Good communication between climbers and grounds man, Climber to check with grounds man it is safe to drop piece before cutting • Hardhats to be worn at all times while work is being carried out • Use appropriate techniques and equipment (pulling ropes or lowering ropes etc.)
Falls	Fractures, sprains or strains	M	<ul style="list-style-type: none"> • Use correct climbing equipment and techniques • Climber to be attached at all times
Overhead services	Electrocution	M	<ul style="list-style-type: none"> • Before work is to begin, check the area for overhead services • Where overhead services are present identify voltage and minimum approach distance • Get required approvals and consents • Carry out the works using the appropriate procedures from

Brush Chipper

Hazard	Harm/Impact	E/ M	Action
Using Machine	Injury to operator	M	<ul style="list-style-type: none"> Machine to be used by competent operator or under supervision Before starting check that all guards safety switches etc are in good condition and working Ensure clothing is done up/tucked in Watch out for flying debris Wear appropriate PPE
Chips and debris flying out of machine	Physical injury to operator, staff or the public	M	<ul style="list-style-type: none"> Wear hard hat, hearing protection, safety glasses or visor Stand to side of in feed chute Stay alert for whipping branches feeding into machine. Point exit chute in a safe direction Keep the public out of the work area

Stump Grinder

Hazard	Harm/Impact	E/ M	Action
Dust and flying debris	Eye injury	M	<ul style="list-style-type: none"> Use safety glasses or visor Where possible stand where debris are not blowing towards you
Chips and debris flying out of machine	Physical injury to operator, staff or the public	M	<ul style="list-style-type: none"> Wear hard hat, hearing protection, safety glasses or visor Where possible point exit chute in a safe direction Keep the public out of the work area with cones, signs, tape or barricades

Chainsaws

Hazard	Harm/Impact	E/ M	Action
Sharp fast moving chain	Cuts to operator	M	<ul style="list-style-type: none"> Only to be used by competent operators or under supervision Ensure all safety features are operational (guards, chain break etc) Use correct handling procedures

			<ul style="list-style-type: none"> • Use appropriate PPE (hard hat, hearing protection, safety glasses or visor, chain saw chaps or pants, steel capped boots) • Ensure good body positioning while cutting
Flying saw dust	Eye injury	M	<ul style="list-style-type: none"> • Use eye protection (safety glasses and/or visor).

Environmental Risk Assessment Register

Environmental Hazard	Impact on Environment	Control
Oil and Fuel spills	<ul style="list-style-type: none"> • Waterway and Storm water contamination • Soil contamination 	<ul style="list-style-type: none"> • Care and selection of refuelling and storage areas. • Use of spill kits when spills occur.
Noise Control	<ul style="list-style-type: none"> • Reduced hearing for employees • Community disturbance 	<ul style="list-style-type: none"> • Good quality hearing protection with regular replacement programme. • Annual staff hearing testing. • Usage of loud machinery has approved hours of operation 7am-6pm
Arigichemicals	<ul style="list-style-type: none"> • Soil contamination • Waterway contamination • Urban families 	<ul style="list-style-type: none"> • Use of spillage kits if chemical spills occur. • Grow Safe certified staff • Quality equipment used for mixing and application including approved PPE. • Use of signage in public areas.
Fire	<ul style="list-style-type: none"> • Destruction of Native reserves and fauna • Destruction of tree lots 	<ul style="list-style-type: none"> • Awareness of machinery used in tinder dry areas. • Use of Fire extinguisher ; in all vehicles and depot • Call fire brigade. 111



Arbor Care Ltd
ARBORICULTURAL CONTRACTORS

SAFETY PLAN FOR TREE WORKS

Job Name	Mauao Track Rehabilitation
Location/s	Mauao Base Track South west side
Planned developed by: (list team members involved)	§ 7(2)(a) – Privacy

Responsibilities for completion of the Safety Plan

The Safety Plan for each job must be completed and signed off by the Project Manager, Supervisor and all staff working on the job

This Safety Plan must be completed by:

- Project Manager
- Key staff who will be onsite or have responsibilities for this job

All Staff **must** have received, understood and signed this site safety briefing before commencing work.

Health & Safety Plan

WORK SPECIFIC SAFETY DETAILS	
Date(s) of Works	December 2017 -->
Address of works being undertaken	Mauao Base Track
Task being undertaken	Inspection of site and trees
Project Manager	s 7(2)(a) ... Privacy
HSE Manager	Mobile s 7(2)(a) ... Privacy

Site Safety Supervisor	s 7(2)(a) ... Privacy
First Aiders	All Arbor Care staff are first aiders
Location of First Aid Kits & Fire Extinguishers	In all work vehicles behind seats
Medical Facilities	Tauranga Hospital A and E
Assembly Area	Piolet Quay Near Jetty
Notification WorkSafe NZ, (if required)	N/A

Mandatory Requirements *List critical safety requirements*

1. Personal protective clothing as stated below.
2. All workers including sub-contractors must have signed the tailgate and the Safety Plan

Key Safety Considerations *List all factors that will contribute to safe completion of the job.*

Communication Lines	<ul style="list-style-type: none"> • Cell Phones, direct communication
Hours/timetable of work	<ul style="list-style-type: none"> • 7am-4.30pm weather permitting, Monday to Friday
Lifting/Felling operations	<ul style="list-style-type: none"> • N/A
Fatigue Management	<ul style="list-style-type: none"> • N/A
Other <i>Please list</i>	<ul style="list-style-type: none"> •

Equipment & Materials *List all plant and equipment to be used*

--	--

PPE *List all personal protective equipment & clothing*

- Minimum standards – Orange high visibility jacket, steel cap lace up boots, Sun Protection,
-

Safety Briefings *List what will be covered in the Safety Briefings***Tick off**

Safety Briefings <i>List what will be covered in the Safety Briefings</i>		Tick off
Hazards	Discuss and document all hazards on-site	
Safety Plan	Run through the safety plan with all crew before commencing work, ensure changes are documented	
Overall Safety	Walk over site to address safety discuss recording incidents and near misses	
Emergency Procedures	Discuss emergency procedures including location of medical centre	
Plan Change	Discuss plan changes, who is to do this and why.	

Worksite Layout Plan



IDENTIFIED HAZARD	POTENTIAL HARM	SIGNIFICANT HAZARD		E	I	M	HAZARD CONTROLS	Training Required
		Yes	No					
Unwanted / uninvited attention from members of the public	Personal Safety		N			M	Be Polite, Refer Queries to the Project Leader	No
Slipping on unstable ground / rocks / trees	Various Injuries	Y				M	Appropriate Footwear is used Care when on unstable ground	Yes
Further slip (hillside) failure	Crush risk	Y				M	Keep sensible distance from unstable areas	No
Sun exposure	Sun damage/ Heat exhaustion, Skin Cancer	Y				M	Use sun protection – slip/slop slap Keep hydrated	No

The plan has been reviewed by:

NAME	SIGNATURE	DATE	POSTION
s 7(2)(a) ... Privacy		18/12/2017	Manager

I acknowledge I have read and I approve this plan:

Acknowledgment of Site Safety Plan		
NAME	SIGNATURE	DATE

Checklist documents attached	
	Yes /NA
Worksafe NZ Notifiable Work Form	
Tailgate	

POST WORK ANALYSIS

Must be completed once works have been completed by work crew.

ANALYSIS	Comments
Hazards Encountered	
Learnings & Understandings	
Improvements for next time	
Were there any Safety Plan Changes	
Overall Safety	
Communication	
Additional Comments:	

IMPORTANT NOTES

JSA should be viewed daily, after a stoppage in work, or of work conditions change (e.g. weather).

- JSA must be updated with any additional hazards/ aspects found during the work.
- If any hazard/aspect cannot be adequately controlled by the JSA, further Risk Assessment and Management is required.
- JSA is only applicable to the specific tasks detailed herein and cannot be reused for similar tasks.
- JSA must be kept onsite at all times.
- JSA and record of participant signing is to be completed prior to work starting.
- If a recovery plan is necessary then attach to JSA. Compulsory for confined space entry and working at heights.

CONSTRUCTION SITE SAFETY CHECKLIST

This document provides a ready checklist for eliminating or minimising problems on small construction sites. It will help you to manage or avoid them and to ensure your own health and safety, as well as the health and safety of the people who work for you, your clients, and others such as the public.

No change from last visit

General Management

Construction Site Entrance Way

- Must have a contact name and number of the manager.
- Must have a hazard board that is identifying relevant hazards, it must be regularly assessed and updated as hazards change or arise.
- Must have a sign in register that is protected from all weather conditions. These documents must be checked regularly by a PCBU (person conducting a business or undertaking).

Access on site

- Can everyone get to their place of work safely – and work there safely?
- Are access routes in good condition and clearly signposted?

Protecting the public

- Is the worksite fenced off from the public?
- Are the public protected from falling material?
- Is clear signage present to warn people of danger (eg 'Keep out', 'Asbestos removal in progress')?
- Is the boundary secure?
- Have steps been taken to prevent any unauthorised access, eg are all ladders removed or their rungs boarded so they can't be used?
- Are excavations and openings securely covered or fenced off?