|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your Site Number | Person responsible for the site | | Contact Number | Email | |
|  |  | |  |  | |
| Emergency Contact | | | Contact Number | Email | |
|  | | |  |  | |
| What is your Site providing? | | | Potential risks on your site. | | |
|  | | |  | | |
| When are you arriving on site? | | | Are you bring to the site any risks which have the potential to cause serious harm ? | | |
| Date | | Time | Yes | | No |
|  | |  | Incl gas bottles, large structures, moving parts, vehicle movement etc | | |
| Are you engaging a Site Builder ? | | |
| Yes | | No |
| When are the site builders on site? | | |
| Date | | Time |
| Have you sited their Health and Safety plan ? | | |
| Yes | | No |
| Do you have a working Health and Safety programme and documented plan ? | | | Yes | | No |
| Do you have an accident reporting procedure ? | | | Yes | | No |
| If you have contracted or employed a site builder you are responsible for their Health and Safety. | | | | | |

**Risk Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Describe your structures and what risk management do you have in place for these. | | | | |
|  | | | | |
| Have you lodged your Marquee / Structure paper work at the office? | | | Yes | No |
| **Risks known for the site and task (can be attached risk register)** | | | | |
| Risks | How can the risk hurt you or others | What are you going to do to prevent the anyone getting harmed | Safety Equipment required  Training needed | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

**Emergencies**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Numbers** | | | | | | | | | | |
| **Emergency Services 111** | | **SFD Cell 0272367200** | | | | | **SFD Office 032072801** | | | |
| **Location is: 525 Waimumu Road Gore the nearest highway is Waimumu Road.**  **Exit gates are sign posted and marked on your map.** | | | | | | | | | | |
| **What is your nearest exit?** |  | | | **Is your staff aware of this?** | | | | | **Yes** | **No** |
| **Do you have a Fire Extinguisher on site?** | | | **Yes** | | **No** | **Where?** | |  | | |
| **Is your staff aware of the Extinguisher placement?** | | | **Yes** | | **No** | **N/A** | |  | | |
| **Do you have a First Aid Kit on site?** | | | **Yes** | | **No** | **Where?** | |  | | |
| **First aid kit is located at the office – First Aid and Ambulance beside the Bar during the Field Days** | | | | | | | | | | |

**Accident/Incident Reporting**

All accidents / incidents must be reported immediately to 027 2367200 email contact HS@southernfielddays.co.nz

Serious Harm Accidents also reported direct to Worksafe NZ 0800 20 90 20

Accident and Investigation reports are to be copied to the Southern Field Days committee within 48 hours.

Accident scenes will not be disturbed until a full and complete Accident Investigation has been undertaken.

**Communication about any safety concerns**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date & Time** | **Communication** | **Follow up Required** | **Signed** |
|  |  |  |  |

**Others on your site**

Who else is likely to be on your site e.g contractors, public etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What hazards do they bring to the sites that can impact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**