

Client: \_\_\_\_\_

Main Contractor: \_\_\_\_\_

Subcontract: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Your Site Based Safety Rep: \_\_\_\_\_ Phone: \_\_\_\_\_

NB – to allow us to complete this assessment please ensure you **attach** a copy of your SSSP and all supporting documents.

If you require any additional help with the required documents asked for in this SSSP Assessment, then you can find suitable resources available on the Site Safe website. The section that is applicable to you is the Kakariki (Green) Site-Specific Safety Plans

<https://www.sitesafe.org.nz/products-and-services/sssp/kakariki-green-site-specific-safety-plan-sssp/>

**Please complete the following sections**

**FOR ALEXANDER USE ONLY**

1. Will you be using subcontractors for any part of your contracted work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please supply details below and supply their SSSP Agreement to the back of this SSSP Assessment	If there is a contractor listed, is their SSSP Agreement attached?  Check <input type="checkbox"/>  NA <input type="checkbox"/>
Contractor Name	Contractor Contact Person			
2. Do you need to notify WorkSafe NZ about any work you will be doing on this site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Check <input type="checkbox"/>  NA <input type="checkbox"/>
If Yes, please supply proof of this notification with this Assessment.				
3. Task Analysis/SWMS. A Task Analysis or a Safe Working Method Statement is required for any high-risk work before the work commences. Is either one of these required for the activities covered by this Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Check <input type="checkbox"/>  NA <input type="checkbox"/>

<p>We recognise that a Task Analysis should be filled out on the day of the work to consider site conditions like weather, people movement, height hazards etc.</p> <p>But if you answered 'yes' to the above, please list the activities you will be doing a TA or SWMS for and presenting to our Foreman/Site Manager before the work commences</p>			<p>The list given is understood and will be followed up by our Site Manager/Foreman</p> <p>Check <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>	
<p>4. Alexander as a PCBU supply a Hazard Board which is required to be kept up to date with specific site hazards and controls. We also expect you as a PCBU to supply a <b>Hazard Register</b> for your activities on site. Please confirm that your Hazard Register is attached with this Assessment.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>The Hazard Register is attached?</p> <p>Check <input type="checkbox"/></p>	
<p>5. Will you be bringing any hazardous substances on site to carry out the agreed activities?</p> <p>If Yes, we agree to record these products in a compliant Chemical Inventory. Please attach the inventory to this Assessment.</p> <p>If yes, we agree to have the relevant safety Data sheets available on site</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>The Chemical Inventory is attached?</p> <p>Check <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>	
<p>6. How will you communicate health and safety information for your workers or other PCBU's onsite?</p> <p>We will participate in the Alexander Toolbox meetings</p> <p>Hold our own toolbox meetings</p> <p>Daily pre-start meetings</p> <p>Other (please specify):</p>			<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<p>7. We agree to report all incidents/accidents/near misses and hazard concerns to the Alexander Site Manager/Foreman.</p> <p>We will report these incidents using:</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<input type="checkbox"/> Our own system or paperwork <input type="checkbox"/> The Alexander system and paperwork
<p>8. Inductions: We agree that all our staff will undertake the Alexander Master online induction, and if applicable, a site-specific online induction <u>before</u> coming onsite for the first time.</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
<p>9. We agree that every worker under our control on site is appropriately qualified, competent, or supervised and that we can supply an up to date Training Matrix if requested.</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
<p>10. Environmental: Will dust, fumes or smoke be generated by your work on site that could affect other workers or members of the public if not controlled?</p> <p>If yes, please explain how this will be controlled:</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>Explanation is accepted</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If No, please follow up</p>
<p>11. Environmental: Will your work activities generate dirty water, wash-down run off, silt, or other contaminants that could be released on site if not controlled?</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>Explanation is accepted</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If No, please follow up</p>

**To be signed when agreement is reached:****Alexander**

We have read the SSSP information provided by the subcontractor and agree that their approach and documentation towards Health & Safety is appropriate.

**Name:****Signed:****Date:****Subcontractor:**

We agree to act in accordance with the content of the SSSP as outlined above.

We also acknowledge that we have seen and understood the Alexander Health & Safety Plan for this site, and we agree to act in accordance with that plan. (See *Section 12*)

**Name:****Signed:****Date:**