



This is to certify that
Stephen Herries
of
Pimp My Lawn
in
Hastings

is a Registered member of
Safety Work Kits

The member has been provided with systems and equipment which enable them to demonstrate, wherever they are working, that they are addressing their responsibilities as required under the Health & Safety In Employment Act 1992

The member is also entitled to receive support and assistance in dealing with health and safety matters

This certificate is valid to

22 September 2016

Director

A handwritten signature in black ink, appearing to be "CHL", written over a light blue rectangular background.

Issue Date:

23 September 2015

www.safetyworkkits.co.nz

0800 25 33 67

info@safetyworkkits.co.nz

(Safety Work Kits is the trading name of CLEENSAFE Ltd)

This Work Kit is the property of:

Pimp My Lawn
PO Box 2437
Stortford Lodge
Hastings 4153

H&S Manager: Stephen Herries

Telephone: 0800 111 001

Issue Date: 23 September 2015

Person responsible for this Work Kit is:

Name:

Signature:

Date:

HEALTH & SAFETY POLICY/ COMMITMENT STATEMENT

Pimp My Lawn

is committed to providing and maintaining a safe and healthy workplace for all staff and visitors to the workplace, and will take responsibility for health and safety procedures, including:

- Recording and reporting all workplace incidents and injuries
- Providing proper controls for known hazards in the workplace
- Providing and maintaining safe equipment and systems
- Consulting with employees, or their representatives, on matters affecting health and safety
- Providing information, training and supervision for employees
- Ensuring safe handling, use, storage and transportation of all chemicals and equipment
- Complying with legislation, regulations, codes of practice and safe operating procedures relevant to our industry
- Ensuring employees are adequately trained to do their work
- Working continuously to improve systems and processes
- Supporting safe and early return to work of injured employees

Employees also need to be aware of their responsibilities and comply with the business' health and safety policy. They are encouraged to play a vital and responsible role in maintaining a safe and healthy workplace through:

- Being involved in the workplace health and safety system
- Sticking to correct procedures and equipment
- Wearing protective clothing and equipment when required
- Reporting any pain or discomfort as soon as possible
- Ensuring all accidents and incidents are reported
- Helping new employees, trainees and visitors to the workplace understand the right safety procedures and why they exist
- Reporting immediately any health and safety concerns

H & S Manager:

Stephen Herries

Signature:

Dated:

23 September 2015

Expires:

21 September 2016

HEALTH & SAFETY PLAN

Company: Pimp My Lawn

Manager: Stephen Herries

1. I am committed to health and safety in my work, and at each location that becomes my workplace
2. I manage the hazards that appear in my workplace. To accomplish this I:
 - (a) Maintain a Hazard Register of all currently known hazards
 - (b) Use a Job Safety Analysis to make additions to the Hazard Register
 - (c) Use a Job Safety Analysis to identify if the hazard is significant
 - (d) Determine appropriate Controls for all significant hazards
 - (e) Get assistance from Safety Work Kits in determining these Controls
 - (f) Regularly monitor and review the effectiveness of these Controls
3. I record, report and investigate all accidents, incidents and injuries.
If an investigation reveals a new hazard I:
 - (a) Use the JSA to determine the appropriate level of Control
 - (b) Seek assistance from Safety Work Kits in determining these Controls
4. My emergency plans identify potential emergency situations and required responses for each. I review and test these procedures every six months.
5. I am committed to supporting the safe and early return to work of injured employees
6. New employees, and persons new to particular role, are:
 - (a) Trained in the tasks associated with their role
 - (b) Trained in health and safety practices associated with their job
 - (c) Supervised until they are experienced, and able to carry out the role safely
7. Individual Training Records are maintained for each employee, and updated when appropriate.

H & S Manager:

Stephen Herries

Signature:

Dated:

23 September 2015

HAZARD REGISTER - LAWNMOWING & GARDENING

HAZARD	POTENTIAL HARM	Significant	E	I	M	CONTROLS	MONITORING FREQUENCY	Responsible person	To be completed by	Completed date & initials
Chemicals	Poisoning Skin disease Burns Eye injury	✓			✓	<ul style="list-style-type: none"> Ensure proper training in use Check MSDS Wear rubber gloves Use with proper ventilation Pour chemical into water, not water into chemical Follow manufacturer's instructions carefully Do not mix different chemicals in same container Ensure all containers clearly labeled, and legible Never store chemicals in "drink" bottles 	Daily observation Regular site audits			
	Back injury Strains	✓			✓	<ul style="list-style-type: none"> Use proper lifting procedures Seek assistance for heavy lifts Use mechanical lifting apparatus (if available) Use semi-squat when lifting 	Daily observation			
Using machinery, equipment	Back injury Strains	✓			✓	<ul style="list-style-type: none"> Ensure proper training in use Adjust or select handles etc. to suit your height Keep guards in place Keep long hair tied back Secure loose clothing Ensure proper maintenance 	Daily observation Regular site audits			
	Electrocution Burns	✓		✓		<ul style="list-style-type: none"> Check leads in good condition Use RCDs Wind cords from machine end Ensure Safety tag is current Clearly label faulty machinery, withdraw from use 	Daily observation Regular site audits Six monthly checks			
Sunburn	Burns Cancer	✓			✓	<ul style="list-style-type: none"> Use sunscreen Wear hat Cover exposed skin 	Daily observation			

HAZARD	POTENTIAL HARM	Significant	E	I	M	CONTROLS	MONITORING FREQUENCY	Responsible person	To be completed by	Completed date & initials
Children	Unpredictable	✓	✓			<ul style="list-style-type: none"> Never bring them on site Ask carers to remove children from the work area 	Daily observation			
Noisy machinery	Deafness	✓		✓		<ul style="list-style-type: none"> Use hearing protection Ensure PPE worn when noisy machinery in use 	Daily observation Annual hearing tests			
Cuts & scratches	Infections Disease	✓		✓		<ul style="list-style-type: none"> Wear protective gloves Wear protective leggings and gaiters Treat with First Aid Kit Seek medical help if serious 	Daily observation			
Trailing hoses & cords	Tripping Sprains Broken bones	✓		✓		<ul style="list-style-type: none"> Warning signs in place Good site tidiness Extra care carrying large loads 	Daily observation			
Wet ground	Slipping/falls sprains, broken bones	✓		✓		<ul style="list-style-type: none"> Choose a different route Daily starning work until conditions are drier 	Daily observation			
Handling waste	Cuts Puncture wounds Infections	✓		✓		<ul style="list-style-type: none"> Carry rubbish bags away from your body Never compact waste with hands or feet Handle broken glass and sharp items carefully 	Daily observation			
Repetitious tasks	Repetitive strain injury	✓		✓		<ul style="list-style-type: none"> Vary work programme Straighten up, stretch frequently 	Daily observation			
Falls	Sprains Broken bones	✓		✓		<ul style="list-style-type: none"> Watch for variations in ground level Watch for holes in overgrown vegetation Watch for open manhole covers 	Daily observation			
Ladders	Falls Sprains Broken bones	✓		✓		<ul style="list-style-type: none"> Set up ladders correctly Check ladder is stable before climbing Shut ladder to job, do not stretch or lean Only use industrial rated ladders 	Daily observation			

HAZARD	POTENTIAL HARM	Significant	E	I	M	CONTROLS	MONITORING FREQUENCY	Responsible person	To be completed by	Completed by date & initials
Hand tools	Cuts, abrasions, repetitive strain injuries	✓		✓		<ul style="list-style-type: none"> Maintain properly Replace in vehicle when job completed Change task, position or method regularly Wear appropriate PPE 	Daily observation			
Spraying	Poisoning Vomiting Headaches	✓		✓		<ul style="list-style-type: none"> Use only in calm weather Use proper PPE Do not use if people nearby Place warning signs 	Daily observation			
Flying objects	Cuts Abrasions Bruises	✓		✓		<ul style="list-style-type: none"> Check area before operating machinery Use proper PPE Do not use machinery if people close by Warn people to vacate area 	Daily observation			

HAZARD	POTENTIAL HARM	Significant	E	I	M	CONTROLS	MONITORING FREQUENCY	Responsible person	To be completed by date & initials

DEFINITIONS:

- E** eliminate
- I** isolate
- M** minimise

Significant Hazard 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 or 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.

Serious Harm

1. Death
2. 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
3. Amputation of a body part
4. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic
5. Loss of consciousness from lack of oxygen
6. Loss of consciousness or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation or ingestion of any substance
7. Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within seven days of the harm's occurrence

JOB SAFETY ANALYSIS (JSA) RISK ASSESSMENT

To be used when a Significant Hazard (with appropriate controls) is NOT noted in your Hazard Register

Name _____ Company _____
Date _____ Location or site _____
New situation, task or hazard not previously identified _____

Definitions

Consequence	1	Insignificant
	2	Minor
	3	Moderate
	4	Major
	5	Catastrophic
Likelihood	1	Rare
	2	Unlikely
	3	Moderate
	4	Likely
	5	Certain
Matrix Letters	E	Extreme
	H	High
	M	Medium
	L	Low

Consequence

	1	2	3	4	5
5	H	H	E	E	E
4	M	H	H	E	E
3	L	M	H	E	E
2	L	L	M	H	E
1	L	L	M	H	H

Likelihood

Conclusions

Has a significant hazard been identified?
(see definition over)

YES / NO

If it is a significant hazard, what is the level of control that can be applied?	<input type="checkbox"/>
Eliminate	<input type="checkbox"/>
Isolate	<input type="checkbox"/>
Minimise	<input type="checkbox"/>

If the hazard cannot be eliminated, what controls are needed to isolate it? If it cannot be isolated what controls are needed to minimise it?

INJURY RECORD & REPORT

Company Name _____ Date _____

Site Name _____

Site Address _____

Injured person's Name _____

Role on Site _____ Length of time in Role _____

Contact Phone _____ Date of Birth _____

Date of Incident _____ Time of Incident _____

Type of Incident

Near Miss

☐

Injury

☐

Illness

☐

Type Of Injury

- ☐ Bleeding
- ☐ Broken bone
- ☐ Bruising
- ☐ Burn (hot water)
- ☐ Burn (chemical)
- ☐ Choking
- ☐ Crushing
- ☐ Cut (infected)
- ☐ Dislocation
- ☐ Fatal
- ☐ Foreign Body
- ☐ Inhalation
- ☐ Hearing Loss
- ☐ Poisoning
- ☐ Sprain or Strain
- ☐ Other (describe below) _____

Location of Injury

- ☐ Head
- ☐ Neck
- ☐ Back
- ☐ Abdomen
- ☐ Arm
- ☐ Hand
- ☐ Leg
- ☐ Foot
- ☐ Internal
- ☐ Other (describe below) _____

Treatment

- ☐ None
- ☐ First Aid
- ☐ Doctor
- ☐ Hospital

Describe What Happened (If necessary attach extra sheets)

Why Do You Think It Happened? (If necessary attach extra sheets)

Name & Signature Of Person Reporting: _____

ACCIDENT INVESTIGATION

Company Name _____ Date _____

Site Name _____

Site Address _____

Investigator's Name _____

Address _____

Contact Phone _____

Date of Incident _____ Time of Incident _____

Injured Person's Name _____

Description of Accident (If necessary attach extra sheets)

Analysis of What Caused The Accident (If necessary attach extra sheets)

What Needs to be Done to Stop it Happening Again?
(If necessary attach extra sheets)

Is this a "serious harm" injury? (see definition of "serious harm") on Hazard Register

Yes

☐

No

☐

If yes, contact Safety Work Kits as soon as possible
for directions on how to report it.
Phone 0800 25 33 67

Signature _____

NEW EMPLOYEE INDUCTION

Company _____ **Start date** _____

Employee _____ **Manager** _____

Workplace

I have been shown/introduced to:

- ☐ my supervisor
- ☐ key jobs, responsibilities
- ☐ work areas, facilities (toilets etc)
- ☐ site message book

Employment conditions

I know:

- ☐ my work times & breaks
- ☐ pay rate & how I am paid
- ☐ leave entitlement
- ☐ sick leave & who to call if I am sick
- ☐ how to use & maintain PPE
- ☐ my H&S responsibilities

Health & safety

I know how to:

- ☐ do my job safely
- ☐ locate H&S information
- ☐ use safety signs & what they mean
- ☐ use safety equipment & guards
- ☐ use and maintain safety equipment
- ☐ use and maintain equipment
- ☐ safely use chemicals

Hazards

I know:

- ☐ the hazards in my workplace
- ☐ the controls for these hazards
- ☐ how to report hazards
- ☐ where the hazards register is kept
- ☐ I will get results of health monitoring

Emergencies

I am familiar with:

- ☐ emergency exits
- ☐ fire extinguishers and their location
- ☐ the evacuation procedure
- ☐ the first aid kit and where it is

Incidents & injuries

I know:

- ☐ how to report incidents, accidents & near misses
- ☐ how to report early signs of discomfort
- ☐ where to locate report forms
- ☐ reports will be investigated
- ☐ I must report all accidents, incidents and near misses to:

Employee's signature _____ **Date** _____

Manager's signature _____ **Date** _____

TO

- Gloves - rubber
- Gloves - leather
- Apron
- Overalls
- Hard hat
- Hi-visibility vest
- Gum boots
- Safety boots
- Goggles
- Full face protector
- Ear muffs
- Ear plugs
- Sun screen
- Sun hat
- Leggings
- Gaiters

[illegible]

- Residual Current Device (RCD)
- Mobile phone
- Wet floor sign
- Trip hazard sign
- Tongs
- Sharps container
- Spill kit
- First aid kit

[illegible]

Material safety _____
Data sheets _____
(MSDS) _____

Operation manual for _____
Operation manual for _____
Operation manual for _____
Operation manual for _____
Ladder use instructions _____

[illegible]

EMPLOYEE TRAINING RECORD

Company _____

Employee name _____

CLEANING SKILLS AND COMPETENCIES

Safety & competency training in the following:	Verified by:		Trainer	Date
	Certificate on file	Training		
Health & safety induction				
Chemical handling				
Buffer (400r.p.m.)				
Burnisher (1000+ r.p.m.)				
Auto scrubber (walk behind)				
Auto scrubber (ride on)				
Wet scrubbing hard floors				
Stripping/sealing hard floors				
Vacuum cleaner (backpack)				
Vacuum cleaner (wet/dry)				
Basic carpet stain removal				
Hot water extraction				
Carpet bonnet cleaning				
Basic waste handling				
Toilet cleaning				
Cross contamination control				
Glass cleaning (hose)				
Glass cleaning (squeegee)				
Safe use of ladders				
Water blaster				

THIS RECORD SHOULD BE KEPT IN THE EMPLOYEE'S FILE AT THE COMPANY OFFICE

HEALTH & SAFETY MEETING RECORD

Date _____ Company _____

Site _____

Issues raised/subjects discussed

Action	Who	When	Done

Attendees

TRAINING PLAN

Company -----

For the Year -----

Topic	Staff to attend	Date due	Date done
Safety/Work Kits Health & Safety Training DVD			
Managing hazards/hazard register			
Recording & reporting injuries, accidents			
How and when to do a Job Safety Analysis (JSA)			
Care cards/visitor inductions			
Proper lifting procedures			
Electrical safety/equipment tags			
Emergencies, emergency plans			
Noticeboards/cones			
Inductions/visitors and passers-by			
Safe use of equipment			

EMERGENCY PLAN

In an emergency follow the procedures below:

IF THERE IS AN ACCIDENT

- Make the site safe (eg. turn off electrical equipment being used)
- Provide first aid to injured parties
- Call 111
- Call Safety Work Kits on 0800 25 33 67

IF THERE IS A FIRE

- Raise the alarm
- Make sure of your escape route
- Evacuate people from the area
- Call Emergency Services – Dial 111
- Do not endanger yourself
- Do not try and put out the fire, unless you are sure of the method
- Do not leave the site unattended before Emergency Services arrive

IF THERE IS AN EARTHQUAKE

- Drop to the floor or ground
- Seek cover next to a wall or under sturdy furniture
- Hold on to whatever you are sheltering under
- Stay put until the shaking stops
- Do not move more than a few steps from where you were when the shaking started
- Do not move outside until the shaking has stopped

IF YOU NEED TO EVACUATE

- Follow building evacuation procedures
- Keep all parties together
- Follow warden instructions
- Meet at the assembly area
- Do not leave the assembly area until given the all clear

RECORD OF EMERGENCY DRILLS

Date	Time	Site