



Safety
Work Kits

This is to certify that

Pimp My Lawn Ltd
Russell Jacobi

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 obligations under the Health & Safety at Work Act 2015

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

This certificate is valid to:

6 March 2027

Director



Issue Date:

6 March 2026

www.safetyworkkits.co.nz

0800 25 33 67

info@safetyworkkits.co.nz

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

This Work Kit is the property of:

Pimp My Lawn Ltd
207 Hastings Street North
Hastings

4122

H&S Manager: Russell Jacobi

Telephone: 027 740 0025

Issue Date: 6 March 2026

Person Responsible for this Work Kit is:

Name:

Signature:

Telephone

HEALTH & SAFETY POLICY/ COMMITMENT STATEMENT

Pimp My Lawn Ltd

is committed to providing and maintaining a safe and healthy workplace for all staff and visitors to the workplace as required under the HSWA 2015, 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: **Russell Jacobi**

Signature:

Issued: 6-Mar-26

Expires: 6-Mar-27

HEALTH & SAFETY PLAN

Company: Pimp My Lawn Ltd

Manager: Russell Jacobi

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: Russell Jacobi

Signature:

Issued: 6-Mar-26

Expires: 6-Mar-27

WHY YOU NEED THIS WORK KIT (and how to use it!)

This Work Kit contains the resources and information you need to care for your responsibilities under the Health & Safety at Work Act 2015 (HSWA).

RESOURCES

For all contractors (with or without employees)

1. CARE Card
2. Emergency Plan
3. Hazard Register
4. Hazardous Substances Inventory
5. Incident & Injury Register
6. Induction/Training Register
7. TAKE CARE! BE AWARE![®] Site Check
8. Injury & Incident Report & Investigation
9. Job Safety Analysis (JSA)
10. Safe Work Method Statement (SWMS)

More items for contractors with employees

11. New Employee Induction
12. Employee Training Record
13. Toolbox / Safety Meeting Record
14. Training Plan
15. Induction & Training Information

RESPONSIBILITIES (for all contractors)

YOU MUST REDUCE RISK BY IDENTIFYING & MANAGING HAZARDS

- A **hazard** is anything that could cause harm, injury or pain, and could be a process, a piece of equipment, a chemical, something that is found at the site, or any combination of these.
- A **risk** is the chance of harm, injury or pain occurring from that hazard.
- A **control** is something put in place to reduce the **risk** of a **hazard** causing harm.

HERE'S WHAT YOU DO

1. Assess the site and check your equipment & materials

- Every day walk through or over your work site looking for hazards and record the process on the **TAKE CARE! BE AWARE![®] Site Check**
- Check your equipment for damage, condition, ESC tags etc. each day before use
- Ensure your **Hazardous Substances Inventory** is up to date.

2. Identify hazards

- Check your **Hazard Register** for Controls if a known hazard is identified
- If a hazard is not listed in the **Hazard Register** complete a **Job Safety Analysis (JSA)** to determine the risks and the Controls needed

3. Determine how you will manage identified hazards to reduce risk

- 1st Option - Eliminate the hazard by physically removing it from the site
- 2nd Option – Substitute the hazard with a safer material, chemical or item
- 3rd Option - Isolate the hazard with covers, barriers, shields, signs
- 4th Option - Change the procedure for one with a lower risk
- 5th Option – Use Personal Protective Equipment (PPE)

You may need to use a combination of Options 2, 3, 4, or 5

4. Put the selected Controls into place; request compliance from all on site

5. For new processes complete a Safe Work Method Statement (SWMS)

- Create for all "first time" processes and tasks, retain the template for future use
- Provide a copy to clients on request

YOU MUST INFORM ALL PERSONS ON THE SITE OF THE HAZARDS HERE'S WHAT YOU DO

1. Put appropriate warning signs in place

- Put the SWK signboard or cone near where people enter your work area
- Put out extra signs for specific hazards (wet floors, trip hazards etc.)

2. Warn people in or near your work area (this is a site induction)

- Use your **CARE Card** (either the laminated copy or on the SWK App)
- Warn occupants of both residential and commercial properties where you work
- Be aware of new arrivals and visitors to the site and verbally warn them
- Be aware of people passing by who may be affected by site hazards
- Never assume people will already know about the hazards
- Where appropriate record the induction in the **Induction/Training Register**

YOU MUST HAVE AN EMERGENCY PLAN THAT SUITS THE SITE HERE'S WHAT YOU DO

1. First option, use the Emergency Plan provided by your client

2. If the site does not have an Emergency Plan in place use the one in your Kit.

- Identify at least two possible evacuation routes for use in an emergency
- Determine emergency responses to situations of possible higher risk that will be part of the work you will do at that site (eg. working at height; working alone etc.)

YOU MUST KEEP RECORDS OF ALL INCIDENTS HERE'S WHAT YOU DO

1. Complete an Injury & Incident Report


- Fill out an *Injury & Incident Report* for every accident, injury or near miss

2. Send the Report to Safety Work Kits

- Scan the paper copy and e-mail to info@safetyworkkits.co.nz
- **Or**, complete the form on your **SWK App**, push **Submit**, and a copy will be sent to Safety Work Kits and to your e-mail address
- Safety Work Kits will contact you if the incident is a **Notifiable Event** that needs to be reported to **Worksafe NZ** and instruct you on how to do this.
- Safety Work Kits will keep the report on file as evidence of your diligence in caring for your health and safety responsibilities. A copy will be available on request.

3. Follow-up responsibilities

- Record the basic details of the event in your *Incident & Injury Register*
- Follow up all Reports with an *Incident & Injury Investigation*.
- Keep a copy of all Notifiable Event reports for at least 5 years

The camera icon  indicates that a video providing further instruction is available in the Members Zone in our website www.safetyworkkits.co.nz. For access to this please contact Safety Work Kits.

CONTACT DETAILS

Safety Work Kits

0800 25 33 67

info@safetyworkkits.co.nz

Worksafe NZ

0800 03 00 40

ADDITIONAL RESPONSIBILITIES FOR EMPLOYERS

YOU MUST INDUCT ALL NEW EMPLOYEES

- Employees must be trained in all job and site health and safety protocols
- Employees must be supervised until fully trained and competent in their duties

HERE'S WHAT YOU DO

1. When the worker starts induct them using a *New Employee Induction form*

- Keep this record on file and update it when safety items are issued or checked

YOU MUST PROVIDE ONGOING HEALTH AND SAFETY TRAINING

HERE'S WHAT YOU DO

1. Organise a programme of regular H&S Meetings or Toolbox discussions

- Toolbox discussions can be held daily or weekly (only a few minutes each time)
- Formal H&S Meetings should be longer, but not as frequent (monthly/quarterly)
- Review one *Induction/Training Information* item at each meeting
- Discuss *Injury/Incident Reports & Investigations*
- Keep meeting minutes using *Toolbox/Safety Meeting form*

2. Train employees in extra work skills and more complex H&S issues

- Create a *Training Plan* with topics for discussion for the next 12 months
- Record training sessions in the *Induction/Training Register*.
- Maintain an *Employee Training Record* for each employee

YOU MUST HAVE ANNUAL HEALTH MONITORING FOR WORKERS

HERE'S WHAT YOU DO

1. Identify work hazards that cause accumulating health effects

- Include all effects that can be measured such as hearing loss, reduced lung function, skin damage, vision loss, exposure to lead etc. that result from hazards directly related to the work your workers perform.

2. Arrange for monitoring by a registered health professional

- Pre-employment checks should set a starting level for each employee
- Annual checks thereafter should be done to monitor any increase in effect

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

HAZARD REGISTER

- Eliminate all Hazards that are not an essential part of work i.e. remove them from the site
- **CONTROLS** listed in this Hazard Register are designed to **Minimise** the hazards
- **CONTROLS** are numbered showing where they appear on a Hierarchy of Controls table
- Perceived hazards that are not in this Hazard Register should be assessed using a JSA form
- Site hazards not under your control should be referred to the person in control of the site

HAZARD	HARM	CONTROLS (Always apply from lowest numbers first!)	ASSESS	ANNUAL REVIEW		
				202_	202_	202_
Chemicals, paint, sprays etc.	Poisoning	2. Where possible substitute hazardous for non-toxic 3. Have legible labels on all containers 3. Maintain clearly labelled storage 3. Use dangerous goods store for large quantities or for hazardous chemicals 4. Ensure proper training in use 4. Store on earthquake proof shelf 4. Store incompatible types separately	Daily			
	Skin disease	4. Keep MSDS with chemicals 4. Check MSDS frequently	Regular Site Audits			
	Burns	4. Use with proper ventilation 4. Do not use flammable types near fire 4. Pour chemical into water; not water into chemical				
	Eye injury	4. Follow manufacturer's instructions 4. Do not mix chemicals 4. Never store in "drink" bottles 4. Have a "spill kit" available 4. Carry only small quantities on site 4. Only use sprays in calm weather 5. Wear appropriate PPE				
Clandestine Methamphetamine Contamination (P-Labs) & Trauma sites	Poisoning	2. HEPA filters on all vacuums 2. RCD's with all electrical units 2. Use proper contaminated waste containers and bags 3. Place warning signs, barriers 4. Complete full formal training 4. Have clear permission to enter 4. Dispose waste in accord with legislated and local authority regulations 5. Use full range of PPE including: Heavy duty leather gloves Disposable rubber gloves Full face mask & proper cartridge filter Disposable, chemical resistant suit Disposable protective over boots Thick sole, steel cap safety boots Protective head wear	Constant			
	Puncture wounds					
	Infection					
Electricity	Death	1. Cease use of the machine if it emits smoke or a burning smell 2. Use RCD's when working outside or with water 3. Clearly label faulty machinery and withdraw from use.	Daily			
	Electric shock	4. Check the leads are in good repair 4. Wind cords from the machine end 4. Ensure Safety tag (ESC) is current	Regular Site Audits			
	Burns		Test & Tag at 6 monthly intervals			

HAZARD	HARM	CONTROLS (Always apply from lowest numbers first)	ASSESS	ANNUAL REVIEW		
				202_	202_	202_
Children, Pets	Unpredictable	<ul style="list-style-type: none"> 1. Never bring onto the work site 1. Remove from the work site 1. Ask carers/parents to restrain them or remove them from the area 	Daily			
Exposure to sun	<ul style="list-style-type: none"> Sunburn Cancer 	<ul style="list-style-type: none"> 4. Be aware of sunburn threat even when there is cloud cover 4. Seek medical attention if burnt 5. Use sunscreen 5. Wear hat when working outside 5. Cover exposed skin when working in sunlight 				
Handling waste	<ul style="list-style-type: none"> Cuts Puncture wounds Infections 	<ul style="list-style-type: none"> 4. Determine type of waste before containing and disposing 4. Dispose in proper facility and manner 4. Dispose waste in accord with legislated and local body regulations 4. Carry rubbish bags away from body 4. Never compact with hands or feet 4. Never climb into compactors 4. Handle broken glass carefully 4. Never allow blood or human waste to touch your bare skin 5. Use heavy duty gloves 5. Use tongs and heavy gloves when handling syringes 	Daily			
Germs, Bacteria, etc.	<ul style="list-style-type: none"> Infections Disease Cross-contamination 	<ul style="list-style-type: none"> 4. Use cross contamination controls 4. Use colour coded equipment 4. Clean equipment properly after use 4. Use disposable cloths 4. Launder cloths at 70°C for 3 minutes 4. Treat cuts and scratches immediately 4. Seek medical attention for infections 4. Wash and dry hands thoroughly and frequently 5. Wear appropriate PPE (e.g. Gloves, aprons, masks, goggles etc.) 	Daily			
Ladders	<ul style="list-style-type: none"> Falls Strains Broken bones 	<ul style="list-style-type: none"> 2. Choose alternate ways of reaching higher levels(e.g. long poles) whenever possible 2. Use for short term, temporary work 2. Use only industrial rated ladders 4. Set up ladders correctly 4. Ensure locking bars in place 4. Check ladder is stable before climbing 4. All 4 feet firmly on even ground for step ladders, preferably held by 2nd person 4. Ratio of, 4 up 1 out, for extension ladders, firmly footed, preferably held by 2nd person 4. Extend the top 1 metre above contact point, tied off if working any more than few minutes 4. Shift ladder to the job, do not stretch or lean 4. Always have three points of contact when climbing up or down a ladder 	Daily			
Armed Intruder/ Assailant	<ul style="list-style-type: none"> Intruder violence Personal Injury 	<ul style="list-style-type: none"> 3. If signs of attempted entry/premises is not secure, do not enter. Advise client and/or police immediately 4. Walk in well lit areas 4. Carry a mobile telephone 4. Set "speed dial" numbers into phone 4. Lock all exterior doors 4. Never leave keys in doors 4. Activate alarm system where appropriate 4. Do as the offender demands 4. Memorise as many details about the offender as possible 4. Follow up with counselling as required 	Daily			

HAZARD	HARM	CONTROLS (Always apply from lowest numbers first)	ASSESS	ANNUAL REVIEW		
				202_	202_	202_
Lifting, carrying	Back injury Strains	2. Use mechanical lifting apparatus 4. Use semi-squat lifting procedure 4. Seek assistance for heavy lifts 4. Semi-squat when wringing out mops	Daily Regular Site Audits			
Machinery, equipment, tools	Back injury Strains Ear injury Eye injury Lacerations Abrasions Amputations Crushing	3. Use signage to warn of hazards 3. Keep guards in place 3. Install "kill" switches 3. Tie back long hair and loose clothing 3. Guard against possible flying objects 4. Ensure proper training in use 4. Restrict use to trained personnel 4. Develop safe operating procedures 4. Adjust handles to suit your height 4. Use waist belt with backpack gear 4. Maintain proper work/rest routine 4. Follow maintenance schedule 5. Use plugs/muffs to protect hearing 5. Use safety glasses for eye protection 5. Use other appropriate PPE	Daily Regular Site Audits			
Repetitious tasks	Repetitive strain injury	2. Vary work to exercise all muscles 4. Straighten and stretch frequently	Daily			
Trailing hoses & cords	Tripping Strains Broken bones	1. Remove all cords and hoses no longer in use 3. Place warning signs 4. Ensure good lighting 4. Maintain site tidiness 4. Use extra care carrying large loads	Daily			
Uneven work surfaces	Falls Strains Sprains Broken bones	4. Watch for variations in ground or floor levels 4. Watch for loose or missing covers from service ducts, manholes etc. 4. Check behind you when moving backwards while working 4. Look out for loose mats and floor coverings 4. Use extra care when climbing stairs 4. Maintain a good level of lighting	Daily			
Wet floors, and other slippery surfaces	Slipping Strains Broken bones	3. Put warning signs in place 4. Keep area well lit 4. Keep water and liquid use to a minimum 4. Choose a different route 4. Delay work until conditions are drier	Daily			
Working alone	Falls Intruder Violence Robbery	4. Work to an established routine 4. Ensure others know your work routine 4. Set up a "buddy" system 4. Carry a mobile telephone 4. Set "speed dial" numbers into phone 4. Arrange for regular contact calls 4. Set up "phone in/phone out" system 4. Lock all exterior doors 4. Never leave keys in doors 4. Walk in well-lit areas	Daily			

HAZARDOUS SUBSTANCES INVENTORY

Listed below are all hazardous chemicals/substances carried in my work vehicle and/or brought onto work sites from time to time.

Company		Responsible Person		As at (date)	
Product Name	UN number (if available from SDS)	Maximum amount held	Location where held	Storage requirements (from SDS)	Safety Data Sheets (SDS) held? Yes No

INCIDENT AND INJURY REGISTER

Date & Time	Details (name of person, description of accident, type of injury, how did it happen?)	Immediate Action Taken (indicate each action taken with a tick)	Worksafe Notification Required		Company Investigation		Toolbox Discussion		Sign Off
			YES	NO	YES	NO	YES	NO	
		First aid							
		Corrective action							
		Review Hazard Register							
		First aid							
		Corrective action							
		Review Hazard Register							
		First aid							
		Corrective action							
		Review Hazard Register							
		First aid							
		Corrective action							
		Review Hazard Register							

INDUCTION/TRAINING REGISTER

Company _____

Date	Person/s Inducted / Trained	Type of Induction / Training	Resources Used
		<input type="radio"/> New Worker Induction <input type="radio"/> Client Induction <input type="radio"/> New Site Induction <input type="radio"/> Regular Training	<input type="radio"/> Induction/ Training Info <input type="radio"/> Hazards Notice <input type="radio"/> Hazard Register <input type="radio"/> Care Card
		<input type="radio"/> New Worker Induction <input type="radio"/> Client Induction <input type="radio"/> New Site Induction <input type="radio"/> Regular Training	<input type="radio"/> Induction/ Training Info <input type="radio"/> Hazards Notice <input type="radio"/> Hazard Register <input type="radio"/> Care Card
		<input type="radio"/> New Worker Induction <input type="radio"/> Client Induction <input type="radio"/> New Site Induction <input type="radio"/> Regular Training	<input type="radio"/> Induction/ Training Info <input type="radio"/> Hazards Notice <input type="radio"/> Hazard Register <input type="radio"/> Care Card
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		<input type="radio"/> New Worker Induction <input type="radio"/> Client Induction <input type="radio"/> New Site Induction <input type="radio"/> Regular Training	<input type="radio"/> Induction/ Training Info <input type="radio"/> Hazards Notice <input type="radio"/> Hazard Register <input type="radio"/> Care Card

TAKE CARE! BE AWARE! Site Check

TO BE COMPLETED BEFORE STARTING WORK ON THIS SITE!

Client Name		Date	
Site Address			
Contractor Name			

PERSONAL SAFETY		SITE CONTROL	
I am fit for work		Site safety assessment completed	
I am authorised to do this job		Site access ways clear and unimpeded	
I understand the job and how to use the equipment needed		Work area is adequate for the job	
The job is within my capabilities		Emergency plan for this site identified	
I have the PPE needed for this job		Warning signboard or cone is in place	
I am protected from effects of weather		CARE Card inductions are completed	
PROCESS & WORK METHOD		EQUIPMENT, TOOLS & MATERIALS	
A Safe Work Method Statement (SWMS) is in place for this job		Electrical items tagged & current	
Hazards, risks and controls needed for this job identified on Hazard Register		Tools and equipment in good condition and suitable for the job	
Job Safety Analysis (JSA) completed for unfamiliar hazards (see below)			
Risks to the safety of others on site identified and managed		Chemicals are properly stored and handled	
Risks from activity of others identified and managed		Safety Data Sheets (SDS) available for all chemicals on site	
Fall from height potential identified and managed			
Asbestos recognized and managed		First Aid Kit available	
Covid risk identified and managed		Fire extinguisher available	
UNFAMILIAR HAZARDS IDENTIFIED	CONTROLS TO BE APPLIED	ATTACH JSAs	

NAME OF WORKER ON SITE	SIGNATURE	PHONE NUMBER

INJURY & INCIDENT REPORT

Business Name		Report Date
Location of Event		
Address		
Affected Person's Name		
Role on Site	Phone	
Event Date	Time of Event	

Type of Event

- Minor (non-notifiable)
 Notifiable incident
 Notifiable injury
 Notifiable illness
 Death

Treatment

- None
 First aid
 Ambulance/paramedic
 Doctor
 Hospital outpatient
 Hospital admission

Type of Injury/Illness

- Amputation
 Bleeding
 Bruising
 Burn
 Choking
 Crushing
 Dislocation
 Hearing loss
 Inhalation
 Poisoning
 Sprain or strain
 Other

Specify

Location of Injury

- Head
 Eye
 Neck/spine
 Abdomen
 Arm
 Hand
 Leg
 Foot
 Internal

Degree of Injury

- Minor
 Serious

Describe what happened

What were site conditions like at the time of the event

- Weather (if event happened outside)
 Cold
 Hot
 Rain
 Lighting (either natural or artificial)
 Dark
 Dim
 Bright
 Vehicle traffic (type)
 Busy
 Some
 None
 Pedestrian traffic (workers, passers-by)
 Many
 Few
 None

Name of Person Reporting

Photographs taken and attached?

Retain a copy of this REPORT for a minimum of 5 years. If the incident involved toxic substances or asbestos you may need to retain a copy for up to 40 years.
Send this REPORT to info@safetyworkkits.co.nz then complete an INVESTIGATION overleaf.

INJURY & INCIDENT INVESTIGATION

(from over)

Business Name	Event Date
Location of Event	
Address	
Affected Person's Name	
Investigator's Name	Investigation Date
Role or Position	Phone

Did site conditions contribute to this event? Yes No Maybe

If site conditions did contribute in what ways do you think they were a factor?

What other factors do you think contributed to this event?

	✓	Provide extra details
Tiredness	<input type="checkbox"/>	<input type="text"/>
Lack of attention	<input type="checkbox"/>	<input type="text"/>
Distraction	<input type="checkbox"/>	<input type="text"/>
Inexperience	<input type="checkbox"/>	<input type="text"/>
Lack of training	<input type="checkbox"/>	<input type="text"/>
Lack of supervision	<input type="checkbox"/>	<input type="text"/>
Faulty equipment	<input type="checkbox"/>	<input type="text"/>
Incorrect procedures	<input type="checkbox"/>	<input type="text"/>
Other factors	<input type="checkbox"/>	<input type="text"/>

What needs to be done to stop this happening again?

	✓	Provide extra details
Improved planning	<input type="checkbox"/>	<input type="text"/>
Better work organisation	<input type="checkbox"/>	<input type="text"/>
Extra training	<input type="checkbox"/>	<input type="text"/>
Better supervision	<input type="checkbox"/>	<input type="text"/>
Equipment maintenance	<input type="checkbox"/>	<input type="text"/>
Improved procedures	<input type="checkbox"/>	<input type="text"/>
Other work adjustments	<input type="checkbox"/>	<input type="text"/>

By what date will these measures be put in place?

Who will oversee these changes?

Retain a copy of this INVESTIGATION for a minimum of 5 years. If the incident involved toxic substances or asbestos you may need to retain a copy for up to 40 years. Send a copy of this completed INVESTIGATION to info@safetyworkkits.co.nz

JOB SAFETY ANALYSIS (JSA) RISK ASSESSMENT

For use when a new hazard is identified, but is NOT currently listed on your Hazard Register

Name of person doing assessment: _____

Date of assessment: _____ Location: _____

Describe the new situation, task or hazard you have seen: _____

Step One: Work out the level of risk from this hazard

Think carefully about the hazard then:

- in the squares below choose how much harm could result and mark the box in the top row
- next choose what the chance is of an accident happening and mark the box on the left side
- then draw a straight line from each marked box into the middle of the squares
- mark the square where the lines cross and note the letter in that square

How much harm could result?

	Scratch, bruise, no treatment	Cuts,bruises requiring First Aid	Broken bones or hospital	One person killed	Several people killed
Absolutely will happen!	H	H	E	E	E
Probably will happen	M	H	H	E	E
Could happen	L	M	H	E	E
Not very likely to happen	L	L	M	H	E
Almost no chance of happening	L	L	M	H	H

What chance of an accident?

If the square where your lines have crossed has either an **E** (Extreme), **H** (High), or **M** (Medium) then you must now work out how you will manage this hazard.

If your lines crossed in a square with an **L** (Low) you don't need to do any more.

Step Two: Go to the next page to work out how to manage the hazard

Step Three: Work out the Controls needed to manage this hazard

To decide the Controls needed to manage this hazard follow these steps:

1. **Ask, can the hazard be removed from the site and work still continue?**
If **YES**, make it happen! But only start work when the hazard has been removed!
If **NO**, then go to Step 2
 2. **Ask, can the hazard be replaced with something that presents a lower risk?**
eg. using a different piece of equipment, a different material or a different chemical?
If **YES**, then make the change.
 3. **Ask, can the hazard be isolated to prevent people being harmed?**
eg. would placing fences barriers, shields, covers or signs help?
If **YES**, then put them in place.
 4. **Ask, can the job procedure be changed to one with lower risk?**
eg. wait for better site or weather conditions; work at ground level rather than height;
add extra people to the team; use extra equipment such as scaffold or EWPs; do the
job at a different time; use up-to-date technology; work at a slower pace!
If **YES**, then make the changes
 5. **Ask, do workers, and others, need personal protective equipment (PPE)?**
If **YES**, decide which parts of the body need protecting and obtain the PPE needed.
6. In the list below record **ALL** the Controls from STEPS 2, 3, 4 & 5 for this hazard.
Apply **ALL** appropriate Controls at each site you work.

1. _____
2. _____
3. _____
4. _____
5. _____

Step Four: Add the hazard into your Hazard Register

Using a blank line on your Hazard Register do the following:

- Under **HAZARD** itemise the hazard you have identified
- Under **HARM** describe the harm that it could cause
- Under **CONTROLS** list the "controls" you have identified above
- Under **ASSESS** indicate how often the "controls" should be checked for effectiveness

SAFE WORK METHOD STATEMENT

Your Business Name:

Location of Work:

Job to be Accomplished:

PROCEDURE	HAZARDS	CONTROLS
Write out a step-by-step breakdown of your intended job process from the time you arrive on site until you complete the job and leave the site.	Identify possible work hazards associated with the job, as well as potential site hazards	Determine how you will control the hazards by referring to your Hazard Register or by JSA
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

PERSONAL QUALIFICATIONS & EXPERIENCE

Write your name, position in company, role on site and contact details below	Describe your qualifications and experience for this job. Include certificates and licences needed to do the job.

WORKERS DUTIES & RESPONSIBILITIES

Write the names of any workers who will be assisting you on this job	Describe the duties and responsibilities for each of these workers	Confirm each worker trained for their duties
1.		
2.		
3.		
4.		

PLANT & EQUIPMENT USED FOR THIS JOB

List the items of plant and equipment you will use for this job including power tools, electrical leads, motorised equipment, platforms, ladders, trestles etc.	Confirm items are regularly maintained and safety certified (where appropriate)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

NOTIFICATION OF PARTICULAR HAZARDOUS WORK

Detail any Hazardous Work Notifications that need to be sent to Worksafe NZ before proceeding.

PRINT YOUR NAME	SIGNATURE	DATE

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

Employee's signature _____ **Date** _____

Manager's signature _____ **Date** _____

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 a notifiable event
- how to report early signs of discomfort
- where to locate report forms
- reports will be investigated
- I must report all notifiable events to:

SAFETY ITEMS ISSUED

TO _____

Personal Protective Clothing

	Date Issued	Date Checked	Date Checked	Date Checked
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				

Protective Equipment

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

Safety Information

Material safety	• _____			
Data sheets	• _____			
(MSDS)	• _____			
	• _____			
Operation manual for	_____			
Operation manual for	_____			
Operation manual for	_____			
Operation manual for	_____			
Ladder use instructions	_____			

EMPLOYEE TRAINING RECORD

Company

Employee name

SKILLS AND COMPETENCIES

Safety & competency training in the following:	Verified by		Trainer	Date
	Training	Cert on file		
Health & safety induction				

THIS RECORD SHOULD BE KEPT IN THE EMPLOYEE'S FILE AT THE COMPANY OFFICE
(ADDITIONAL SUGGESTED INDUSTRY SKILLS FOR TRAINING CAN BE FOUND OVERLEAF)

ADDITIONAL SUGGESTED INDUSTRY SKILLS FOR TRAINING

CLEANING	LAWNS & GARDENS	PEST CONTROL	MAINTENANCE TRADES
Chemical handling	Chemical handling	Vehicle standards	Vehicle standards
Buffer (400 rpm)	Using secateurs	Vehicle cleaning	Fire extinguisher use
Burnisher (1000+ rpm)	Using loppers	Chemical storage	Safely use hand tools
Auto scrubber (walk)	Using hand saws	Chemical transport	Safely use power tools
Auto scrubber (ride)	Using line trimmer	Understanding MSDS	First aid training
Wet scrubbing	Using rotary mower	Containment process	Meth lab safety
Stripping & sealing	Using reel mower	Dangerous goods	
Vacuum cleaner	Using ride-on mower	Chemical spill action	
Wet/dry vacuum	Using gang mower	Maintaining a spill kit	
Carpet stain removal	Tractor driving	Equipment storage	
Hot water extraction	Heavy vehicle driving	Equipment transport	
Safe waste handling	Backpack spray use	PPE requirements	
Toilet cleaning	Using chain saw	Fire extinguisher use	
Cross contamination	Using pole pruner	First aid training	
Glass cleaning (hose)	Using mulcher	Meth lab safety	
Glass cleaning (blade)	Safe use of ladders		
Safe use of ladders	Water blaster		
Water blaster	First aid training		
First aid training	Meth lab safety		
Meth lab safety			

TOOLBOX / SAFETY MEETING

Date _____ Company _____

Site _____

Issues raised/subjects discussed

Action	Who	When	Done

Attendees		

Drill & Test Reminders	Task Assigned To	Due By	Done
Equipment Test & Tagging			
Health Monitoring Type:			
Emergency Drill Type:			
Check Hazard Register			

TRAINING PLAN

Company _____ For the Year _____

Topic	Staff to attend	Date due	Date done
How to use your Safety Work Kit			
How to use your Hazard Register			
How to do a Job Safety Analysis (JSA)			
How to report a "Notifiable Event"			
How to do a Site Induction			