CONTRACTOR MANAGEMENT ATTACHMENT 7

***SECTION 3*** *Framework for Health and Safety Management*

CONTRACTOR MONTHLY HS REPORT

***ATTACHMENT***

|  |  |
| --- | --- |
| Contractor (company): | Contact Name: |
| Month/Year: | Date Submitted: |
| Work Locations: | Signature: |

|  |  |
| --- | --- |
| **HEALTH AND SAFETY MEASURES** | **NUMBER** |
| Person-hours worked (including subcontractors) |  |
| Hazards reported & % closed out |  |
| Documented workplace inspections undertaken |  |
| Toolbox talks developed and delivered |  |
| Documented site leadership walks undertaken by management |  |
| Internal compliance audits undertaken |  |
| Training hours (internal and external) |  |
| **INCIDENTS NUMBER** |
| Number of incidents |  |
| Site Visits by WorkSafe NZ |  |