*Document 8.6*

**Contractor Monthly Safety Report**

**Scan** (or type then Save as PDF) and **email** to[**HSrecords@ernslaw.co.nz**](mailto:HSrecords@ernslaw.co.nz)

with cc toyour supervisor **name.surname@ernslaw.co.nz**

*or* **Fax** to **Ernslaw One**, **Gisborne** 06 863 1011 attn: *Kara* by **5th working day** of new month

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| --- | --- | --- | --- |
| **CONTRACTOR:** |  | Month: |  |
| **Completed by:** |  | Signed: |  |

|  |  |  |
| --- | --- | --- |
| Health & Safety |  |  |
| No. of person days worked per month by Contractor: |  |  |
| No. of LTIs (Lost Time Injuries): |  |  |
| No. of days lost as a result of LTIs: |  |  |
| No. of MTIs (Medical Treatment Injuries): |  |  |
| No. of minor accidents (First Aid only): |  |  |
| No. of incidents with Property Damage (non-injury): |  |  |
| No. of Near Hits with **potential** to cause serious harm: |  |  |

|  |  |
| --- | --- |
| Employee Training Data |  |
| Total persons employed in Ernslaw One’s forest |  |
| Have all employees with > 3 months service achieved General Requirements, & Unit 22994 “factors that affect the Performance of Forestry Workers” (or equiv). |  |
| Number in crew **without** a Training Plan (excluding employees with National Certs) |  |
| Number in crew **without** appropriate ITO Unit standard(s) for task performed |  |
| Number in crew with current First Aid certificate |  |

|  |  |  |
| --- | --- | --- |
| Safety Management Systems Compliance |  | |
| Number of New employees (since last report) – List name(s): |  | |
|  |  | |
| Have all new employees and any new subcontractors or service providers had a safety induction? (and Documented?) |  |  |
| Have Hazard ID & Control Plans been completed for all new blocks / projects? |  | |
| Is there an effective ongoing system of identifying and controlling hazards? |  | |
| Is there an operative Fatigue Management system ? (with Documented rest breaks?) |  |  |
| Number of safety inspection been completed? (andDocumented?) |  |  |
| How many employees worked alone in forests? (Check-in system in place?) |  |  |
| How many on-site Safety meetings been held this month? (and Documented?) |  |  |
| Have all Serious Harm accidents been reported to DoL? (and to Ernslaw?) |  |  |
| Have all accidents, and Near-Hits with potential to cause serious harm, been investigated? (and reported to Ernslaw One?) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contractor’s own Alcohol and/or Drug Testing *(not Ernslaw’s random testing)* | **Number of persons tested** | **No. of persons negative** | **Number refusing** |
| Pre-employment testing undertaken: |  |  |  |
| Random testing |  |  |  |
| Follow-up testing (Rehab contract) |  |  |  |