

OVERLAPPING HEALTH AND SAFETY DUTIES FORM (March 2017)



This form is to be completed before the commencement of a project where WDC has engaged the services of a Contractor/PCBU. It is to be completed as part of a joint meeting between representatives of each PCBU as part of their duty under s34 of the Health & Safety at Work Act (2015) to 'Consult, Co-ordinate and Co-operate' on H&S matters.

Name of Project: Red Zone Edgeworks Site / Location: Rata Ave.

1. List the Contractors/PCBU's involved in the project/activity that are directly engaged by WDC

WHAKATANE emergency Response team
BRADY DRAINAGE WASTE MANAGEMENT SERVICES.

2. Have all other Contractors/PCBU's involved in the project/activity been identified? Please list.

Y / N

3. Does the contractor have a current H&S plan for the work being undertaken (less than two years old) and the relevant insurances?

Y / N

4. Has the relevant hazard/risk information been shared between the PCBU's (as listed in '1' and including WDC) and a discussion held to co-ordinate work activities?

Y / N

5. Have responsibilities for site/task risk assessment been agreed between the PCBU's?

Y / N

6. Has a check been undertaken to determine the landowners of the project site?

Y / N

7. Will Contractors be engaging subcontractors?

Y / N

Contractors are to provide documentation as soon as is reasonably practicable to show they have communicated & co-ordinated H&S activities with their subcontractors. i.e. Toolbox meetings minutes, joint risk assessments.

8. List the WDC representative/s responsible for periodically monitoring contractor H&S compliance and how often this will occur: Name Neel Frequency hourly

Y / N

As the representative of my PCBU, I acknowledge that I am aware of the health & safety hazards/risks associated with this project and of my PCBU's ongoing duty under the HASAW Act to 'Consult, Co-ordinate, and Co-operate' with all other PCBU's, signed;

PCBU Rep: [Signature] Date: 9/5/17 PCBU Rep: [Signature] Date: 9/5/17

PCBU Rep: [Signature] Date: 9/5/17 PCBU Rep: [Signature] Date: / /

Use overleaf if required

WDC Contract Supervisor: [Signature] Date: 9/5/2017

Please provide a copy of this form and attachments to the contractors listed in '1'. A post-contract review is to be completed by the WDC Contract Supervisor at end of project, or every two years (whichever is sooner)