



Assess How Well your Business Complies with the Health and Safety In Employment Act 1992

Work Environment	Yes	No	Unsure
Do you provide and maintain a safe working environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate facilities for the safety and health of employees at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take all practical steps to ensure that employees are not exposed to hazards in the course of their work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take all practicable steps to ensure the safety of employees while at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergencies	Yes	No	Unsure
Have you developed emergency plans, together with employees, suitable for dealing with emergencies that may arise at your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your emergency procedures take into account all persons in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate means for fighting fire available for use in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machinery and Equipment	Yes	No	Unsure
Is the machinery and equipment in your workplace designed, made, set up, and maintained so that it is safe for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you supply plant to be used in a workplace is it safe for its intended use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your employees adequately trained in the safe use of machinery and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Management	Yes	No	Unsure
Do you undertake systematic identification and review of existing and new hazards to determine whether they are significant and require further action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you conduct regular hazard assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you record, report and investigate accidents to determine whether it was caused by or arose from a significant hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken all practical steps to first eliminate, then isolate, then minimise the likelihood that a significant hazard will be a source of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ensured that there are effective methods for eliminating significant hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ensured that there are effective methods for isolating significant hazards when elimination is not practical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ensured that there are effective methods for protecting employees when elimination and isolation is not practical, which includes: <ul style="list-style-type: none"> ▪ Ensuring that protective clothing and equipment is provided, accessible and used; ▪ Monitoring employees' exposure to the hazard; ▪ Monitoring employee health (with their consent)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidents and Serious Harm	Yes	No	Unsure
Do you maintain a register of accidents which cause any person to be harmed; or in different circumstances, might have caused any person to be harmed (near hits)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all incidents where serious harm occurred, or could have occurred, the subject of full and proper investigation and are those results recorded in the register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where any serious harm occurs, do you: <ul style="list-style-type: none"> ▪ As soon as possible after its occurrence, notify OSH (MSA if on a vessel) of the occurrence? ▪ Within 7 days of the occurrence, give the Secretary of Labour written notice of the circumstances of the occurrence? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where a person is seriously harmed, you do not, unless authorised by a Health and Safety Inspector, interfere with the accident scene except— <ul style="list-style-type: none"> ▪ To save someone's life or prevent further harm or suffering to them; or ▪ To maintain access by the general public to an essential service or utility; or ▪ To prevent serious damage or loss of property? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Protective Clothing and Equipment	Yes	No	Unsure
Do you provide employees with personal protective equipment and clothing to protect against the risk of accident, harm or injury to health, where other control measures cannot safeguard the employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have procedures for the provision, maintenance and cleaning of the protective equipment and clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide personal protective equipment that complies with the relevant NZ Standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you replace personal protective equipment at the recommended intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Information, Training and Supervision	Yes	No	Unsure
Is all information and training provided to employees in a manner that can be reasonably understood, taking into account their literacy and language skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your employees informed on the emergency procedures that exist in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all your employees informed of the hazards they may be <i>exposed to</i> while at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all your employees informed of the hazards the employee <i>may create</i> while at work which could harm other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all your employees informed of how to <i>minimise</i> the likelihood of these hazards becoming a source of harm to themselves or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all your employees informed of the <i>location and correct</i> use of safety equipment and the hazards they are in place to minimise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees informed of the results of any health and safety monitoring in a way that the privacy of individual employees is protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide adequate information to health and safety representatives on health and safety matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you ensure employees are not given any work unless they have received instruction or training on the risks attached to the work, the precautions to be taken against them, and how to perform the task safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you ensure employees are either sufficiently experienced to do their work safely or are supervised by an experienced person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you instructed your employees in the effective use of personal protective clothing and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain records of training, together with copies of certificates from recognised training establishments or individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you not require employees to perform any task in which he/she may be exposed to a dangerous and unnecessary risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Participation	Yes	No	Unsure
Do you give employees the opportunity to be fully involved in the development of procedures for the purpose of identifying and managing hazards or reacting to emergencies and imminent dangers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have 30 or more employees, do you have a written an employee participation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you co-operated in good faith to develop, agree and maintain an employee participation system with employees and unions.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all parties involved (employer, employees, and union) agreed upon the 'system'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you established health and safety committees or representatives in accordance with the Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your system contain a process for annual review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you empowered trained employee health and safety representatives to issue hazard notices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide paid leave (at least 2 days or more - based on a set formula) each year for health and safety representatives to attend an approved health and safety training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of Others	Yes	No	Unsure
Do you take all practical steps to ensure that others are not harmed by employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you ensure as person in control of a place of work that people in the workplace are not harmed by any hazard arising in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken all practical steps to ensure that no contractor or employee of a contractor is harmed while working for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>