



Contractor Monthly Safety Report

Scan (or type then Save as PDF) and email to HSrecords@ernslaw.co.nz
with cc to your supervisor name.surname@ernslaw.co.nz
or Fax to Ernslaw One, Bulls 06 322 1875 attn: Deirdre by 5th working day of new month

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 22944 "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):		
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? (and Documented?)		
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 Alcohol and/or Drug Testing	Number of persons tested	No. of persons negative	Number refusing
Pre-employment testing undertaken:			
Random testing			
Follow-up testing (Rehab contract)			