The following checklist is to help ensure that all responsibilities are being met in accordance with TTA policy and legal requirements. This form must be completed annually.

TMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checklist Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Risk and Incident Management** |
|  | The risk register (TTA HS-2) is complete and updated regularly when new information about potential hazards come to light.  All hazard risk management controls are set at the highest possible level of the control hierarchy. |
|  | All accident and/or incident feedback and reports have been appropriately investigated. |
|  | All notifiable events/incidents have been reported to the regulator (Worksafe NZ) |
|  | All workplace accidents and incidents have been reported and the outcomes of investigations communicated to workplace participants. |
|  | Incident and hazard risk registers are up to date and all relevant report/investigation forms completed and filed. |

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|  | **Communication and Participation** |
|  | Health and Safety meetings have been held at least annually and meeting minutes and outcomes have been communicated to the Board of Trustees and workplace participants |
|  | All issues raised in relation to Health and Safety policies, practices or workplace accidents/incidents have been investigated and appropriate action taken |
|  | The Board of Trustees have been informed of all high risk hazards and any notifiable events or incidents as per the Risk Management Policy requirements |
|  | All relevant new industry health and safety information and requirements has been communicated to workplace participants |

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|  | **Health and Safety Compliance** |
|  | All workers and workplace participants have been issued with a handbook and informed of their obligations and responsibilities under our Health and Safety Policy |
|  | The workplace is safe and secure and all TMO amenities available to workplace participants to maintain a safe and healthy environment are in good working condition |
|  | The Health and Safety Team in your TMO is fully informed about all health and safety issues and consulted on health and safety policy and/or practice changes |
|  | All sub-contractors have completed and filed ‘sub-contractor acknowledgement forms’ and are operating as required in accordance with the relevant provisions of our Health and Safety policy |
|  | All workplace participants have completed health and safety inductions and filed completed workplace induction forms |

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|  | **Review and Monitoring** |
|  | The annual review and audit of Health and Safety processes has been completed and the outcome reported to the Board of Trustees. |
|  | The annual health and safety objectives and/or goals, which have been approved by the Board of Trustees and communicated to workplace participants, are monitored on a quarterly basis and progress reported to the Board and workplace participants. |
|  | The Risk Register has been reviewed by TMO management on a quarterly basis |

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|  | **Emergency Preparedness and Training** |
|  | All TMO emergency procedures are up to date and communicated to workplace participants and all required first aid certificates are current |
|  | Evacuation procedure has been reviewed and assured by an annual ‘evacuation test’ or drill (could also be required 6 monthly) |
|  | All fire extinguishers are appropriate for the area of service and have been checked and are up to date |
|  | All first aid kits are complete and eye wash other first aid materials are within prescribed ‘use by’ dates |

Upon completion of this checklist please list all improvement and action items to be implemented below:

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| --- | --- | --- |
| Item | By whom | By when |
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Completed Checklist to be emailed to:

Date: Signed: