

EVENT	
EVENT DATE	
EVENT VENUE	

1. PRINCIPAL CLIENT CONTACT DETAILS

Company	
Name	
Email	
Mobile	
Is the Onsite Contact for this event different from the Principal Client above? If yes, please provide details for this event below.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Onsite Contact	
Company	
Name	
Email	
Mobile	

To ensure that all parties meet their requirements under the Health & Safety at Work Act 2015, a systematic approach to manage hazards and risks must be detailed before your event. Failure to provide event specific Health & Safety documentation may result in work not being authorised to start.

2. HAZARD MANAGEMENT

You will need to provide a Hazard/Risk Assessment for your event. Hazards can include anything from contractors rigging at height, moving vehicles, pyrotechnics, electrical work, cooking onsite and hazardous substances.

A Hazard/Risk Assessment is an all-encompassing document which captures all the hazards you may have at your event and lists the controls that will be used to minimise the risk of something going wrong. What is the hazard? What level of risk does it present? How will you minimise the risk?

Will there be hazards onsite during the pack in and pack out of your event and	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you forwarded a copy of the Hazard/Risk Assessment to Vbase?	Yes <input type="checkbox"/>

3. CONTRACTOR MANAGEMENT

If you have contractors / sub-contractors working for you at this event it is your responsibility to ensure you include a register of these contractors at the back of this Check It form.

- Your contractors / sub-contractors must comply with venue Health & Safety requirements.
- Vbase will send you a copy of our Health & Safety policies for you to distribute to contractors.
- Workers failing to comply will result in work activities being stopped until safety standards are met.
- Your contractors / sub-contractors must supply you with a Site Specific Safety Plan for their activities.

Will you have contractors / sub-contractors working for you at this event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you completed contact details for all onsite contractors on the final page	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you attached a copy of your Contractors/Sub-contractors Site Specific Safety Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPETENCY OF PERSONNEL

Please confirm all the people under your control (Contractors, sub-contractors) are trained, competent or supervised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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TOOL BOX / PRE-WORK MEETING

All contractors / sub-contractors are required to conduct a toolbox meeting onsite before work starts. The venue may request to view any toolbox checklist to ensure all risks and hazards have been communicated to workers.

4. NOTIFIABLE WORKS

Do you have any Notifiable Works associated with your event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have WorkSafe NZ been Informed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notifications must be submitted to WorkSafe NZ no later than 24 hours before the event. Please provide a copy of Notification to Vbase. A full list of these defined works can be found here: www.business.govt.nz/worksafe/notifications-forms/particular-hazardous-work

5. REPORTING

Accident and Incident Reporting: 'See it, report it – prevent it from happening again.'

Please confirm you will report all accidents, injuries and/or incidents to Vbase directly	Yes, I agree <input type="checkbox"/>
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6. SIGNATURES

Client Name & Signature	Date

Vbase reserves the right to issue an 'Emergency Stop Work' order if workers are not adhering to appropriate Health & Safety requirements or, if significant risks/hazards are present that require to be addressed.

Please note a completed checklist is required to be sent to your Event Coordinator a **minimum of 14 days prior to your event** – along with all supporting documentation.

7. KEY CONTACTS ONSITE

Client / Hirer			
Company:			
Name			
E-mail			
Mobile			
Notifiable Works	Yes <input type="checkbox"/> No <input type="checkbox"/>	H&S Documents Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contractor 1			
Company:			
Name			
E-mail			
Mobile			
Notifiable Works	Yes <input type="checkbox"/> No <input type="checkbox"/>	H&S Documents Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contractor 2			
Company:			
Name			
E-mail			
Mobile			
Notifiable Works	Yes <input type="checkbox"/> No <input type="checkbox"/>	H&S Documents Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contractor 3			
Company:			
Name			
E-mail			
Mobile			
Notifiable Works	Yes <input type="checkbox"/> No <input type="checkbox"/>	H&S Documents Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contractor 4			
Company:			
Name			
E-mail			
Mobile			
Notifiable Works	Yes <input type="checkbox"/> No <input type="checkbox"/>	H&S Documents Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>