



# Hokitika Airport Limited

## Health and Safety Manual

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## Record of Revision

### Change Control

This manual is subject to review and consequently may be revised from time to time.

### Record of Revision:

A record of revision is held at the front of this manual. All amendments will be entered into the amendment record.

Amendment Number	Effective Date	Section References	Inserted By	Date inserted
-	15/02/2016	Complete Manual	HAL	15/02/2016
1	01/4/2017	LEP 1&2, TOC1, Sections: 1.1, 1.2, 1.3, 2.1, 2.2, 3.2, 4, 4.1, 4.2, 4.4, 4.5, 4.6	HAL	01/04/2017
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	LEP 2	List of Effective Pages	1 April 2017
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4.7	1	Injury Management and Rehabilitation	15 February 2016

**Copy Holders**

Copy One	Hokitika Airport Limited Airport Management
Copy Two	Civil Aviation Authority
Copy Three	Hokitika Airport Limited Terminal Building
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A copy of the Hokitika Airport Limited (HAL) Health and Safety Manual can be found online at [hokitikaairport.co.nz](http://hokitikaairport.co.nz)

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## **1 Health and Safety Leadership**

### **1.1 Management Knowledge and Training**

Chief Executive:

Name: Trevor Stuart Willcock

Position Title: Chief Executive

- Trevor is currently the Chief Executive of Destination Westland, the Council controlled organisation responsible for Hokitika Airport Limited, Glacier Country Heliport and a number of other commercial entities in the Westland region spanning the property and tourist industries.
- Trevor has over 20 years senior management experience at Chief Executive or General Manager level across the aviation, hospitality and property industries and has held senior aviation management positions at Auckland International Airport (Commercial Manager) and Ardmore Airport (Chief Executive) prior to his current role.
- In his current role, Trevor has chief accountability and responsibility for all operations of the airport and heliport, including compliance, health and safety and master planning.

Operations:

Name: Marion Sheryl Smith

Position Title: Operations Manager

- Marion is the Operations Manager of the Westland District Property Co and Hokitika Airport.
- She is responsible for the SMS implementation process.
- Marion has over 25 years' experience involved in the tertiary education sector working in all levels of management. She has worked with a number of lead industry organizations in the designing, planning and development of health and safety training programmes which were provided nationwide.
- Marion is very familiar with health and safety regulations and their implementation.

Airport Management

Name: Colin Andrew Howat (Drew)

Position Title: Airport Manager and Health and Safety Officer

- Drew operates as part of Airport Management at Hokitika Airport, a position which he has filled for more than 11 years. HAL became a Certified Aerodrome in 2010, for this certification CAA require an Aerodrome Certificate Exposition (ACE) under Part 139 of the CAR. As an originator of the required documentation for the ACE, Drew has developed an in-depth understanding of the statutes, regulations, codes, processes and procedures relating to the operation of HAL. Drew manages the day to day operations at the Airport.
- Drew was contracted to Air New Zealand as the Ground Handler for Hokitika Airport for nine years. He has a practical understanding of the Health and Safety processes and procedures required for Airport ground operations. He has first response firefighting training. HAL is a member of the Airports Association New Zealand which provides members with updates to Health and Safety issues that are relevant to the operation of an aerodrome. Drew attends and participates in the scheduled Airport Association meetings. Drew supervised up to sixty staff members working in the hospitality trade at McMurdo Station in Antarctica, a position which required in-depth understanding of Health and Safety issues for a large team of people working in extreme weather conditions and isolation.
- Drew has a good understanding of significant hazards associated with the operations at the Aerodrome. He is part of the team that has worked towards producing the hazard register which is used in the induction process for staff, contractors and visitors to the Airport.

## **1.2 Accountabilities and Goals**

### **1.2.1 Accountabilities and Responsibilities**

- Primary responsibility for Health and Safety Systems management rests with the chief executive.
- Airport Management is charged with ensuring that they are aware of, and are knowledgeable about and apply the HSE programme so that staff are engaged and participative, and are healthy and safe.

All staff: Chief Executive, Airport Management, Staff Representatives and general Staff, are expected to contribute to ensuring that HAL processes and policies are followed, and where appropriate, to give feedback to other staff and managers so that improvements can be made.

HAL sets a number of annual goals and objectives to ensure that the company undertakes a cycle of review and continuous improvement guided by the requirements of the Health and Safety Policy.

### **1.2.2 Goals and Objectives**

Every year we will ensure that the following occurs:

- A Health and Safety Management Systems Policy review.
- An annual Hazard Review.
- Identifying and applying appropriate training to new and existing staff.
- A meeting for all staff for health and safety, and HSE representatives.
- A review of all incidents and accidents.
- A review of emergency planning and carrying out emergency practices and drills.
- A review of procedures and controls relating to visitors and contractors.

This year (2017) we will address the following to enhance our procedures, processes and Management systems:

- On-going reduction in accidents, incidents, illness and injury.



### 1.3 Health and Safety Policy Programme

Hokitika Airport Limited is committed to maintaining a safe and healthy working environment for the safety and health of our employees and other persons in the workplace and/or in the vicinity of the workplace.

Health and safety is everyone's business, and everyone is expected to share in our commitment to avoid all accidents and incidents, which may cause personal injury, property damage or loss of any kind.

Every employee and contractor is expected to act safely at all times to ensure that no action or inaction causes harm to themselves, their fellow employees and others in the workplace.

We will ensure the safety of employees, tenants and contract staff by:

- Providing and maintaining a safe working environment
- Providing facilities for health and safety
- Ensuring all plant and equipment is safe
- Ensuring all employees (including any mobile workers) and other people at (or in the vicinity) of the place of work are not exposed to unmanaged or uncontrolled hazards
- Developing and implementing emergency and evacuation procedures
- Ensuring all take part in the Hokitika Airport Induction. Where appropriate one representative from a tenant company may take part in the induction and then be responsible for updating their colleagues.

To achieve this, we will:

1. Carry out planned self-inspections to monitor health and safety issues.
2. Ensure all employees and contract staff are given reasonable opportunities to participate effectively in ongoing processes for the improvement of health and safety in our workplaces.
3. Systematically identify and control all hazards and risks in our workplace. Where there are significant hazards or risks we will take all practicable steps to eliminate or minimise these hazards to prevent any injury or damage.
4. Inform all employees of these hazards and risks and their controls and ensure all employees are properly trained and supervised.
5. Record all accidents, incidents and illnesses in our workplace, and take all practicable steps to prevent these events from recurring by investigating and analysing events to identify and remedy their causes.
6. Ensure that where employees are affected by harm or illness from work, that appropriate steps are in place to manage the person's injury or illness and rehabilitation.
7. Inform and train all employees in emergency plans and procedures and evacuation procedures.
8. Take steps to protect visitors and other people from workplace hazards and risks.
9. Ensure that contractors and sub-contractors are not exposed to hazards and risks within our workplace and do not expose our employees to hazards and risks that the Contractor introduces.

Authorised by: Trevor Stuart Willcock, HAL Chief Executive      Dated: \_\_\_\_\_

This policy will be reviewed by: 30 March 2019

## 2 System Review, Participation, Communication

### 2.1 Audit Programme

We have a duty to ensure that the health and Safety system remains robust. We undertake to do this by performing Health and Safety audits of our system on a frequent and predictable basis to identify system deficiencies that will enable us to improve the system. A range of checks will be completed to ensure that the system delivers a safe and healthy working environment. Where possible, reviews will also involve the participation of other managers, employee representatives.

The Audit Schedule provides the detail as to the timetable for Audits.

- Airport Management will undertake a full H&S Systems Audit annually. This includes reviewing the Health and Safety Manual and the policies and procedures within it to ensure that it is current, that it is effective and is followed.
- The H&S Officer will perform a walk around Inspection annually to identify new hazards and to re-evaluate existing hazards recorded in the Hazard Register. This includes an assessment of new equipment, task and process changes.
- All staff are to provide updates to the H&S Officer on an as needs basis of new hazards and changed hazards.
- Any deficit found will be managed by use of the Hazard/Safety Alert procedure.
- 

<b>Audit Schedule</b>				
Recheck Type	Person Responsible	Frequency	Month to be completed	Signed Date performed
Health and Safety Management Programme Audit	Airport Management	12 monthly	March	
Hazard Register review	H&S officer	Bi Annually	February and August	
Walk-around Inspection	Airport Management	Bi Annually	February and August	
HAL Hazard/Safety Alert Form	H&S officer	Monthly		
Accident/Incident/Illness Form	H&S officer	Monthly		
Health and Safety Meetings, Employee Participation	H&S officer	Bi-annually	February and August	

## 2.2 Employee/Contract Staff Participation

As an employer, we will provide reasonable opportunities for employees and contract staff to participate in ongoing processes for improving health and safety, particularly with regard to the Health and Safety at Work Act 2015 part 3, Worker engagement, participation and representation.

These are:

- Maintaining a safe working environment and work facilities for safety and health
- Identification of hazards and establishing appropriate controls
- Information and training with regard to emergencies, how to deal with hazards and using safe work practices.

We will:

- Ensure that feedback processes such as health and safety meetings will be held on a regular basis (scheduled) and relevant minutes of those meetings will be kept.
- Ensure that health and safety committee membership, or other opportunities to be involved in health and safety processes are provided.
- Ensure that there are ongoing opportunities:
  - To participate through Health and Safety Representatives,
  - To have available ongoing opportunities for Health and Safety training.
  - To have available Health and Safety Resources and fact sheets located on the CAA website <http://hsu.caa.govt.nz/>

### **2.3 Communication and Information.**

#### **Communication:**

As an employer, we will communicate our health and safety expectations by giving relevant information and ensuring new and existing employees are made aware of company policies and procedures.

We will:

- Ensure that the Health and Safety Manual (H&S) is available and accessible to all new and existing employees.
- Ensure new, and existing employees read and understand the H&S Manual and maintain records to ensure all staff have read and understood the manual.
- Ensure that health and safety meetings will be held on a regular basis (scheduled) and relevant minutes of those meetings will be kept. (see Employee Participation)
- Ensure that signage, placards, posters and other items used for information are relevant and meaningful.
- Ensure all employees are aware of the process for alerting and communicating to management of the existence of hazards as they arise. (see Hazard/Safety Alert Form)
- Ensure that all employees are aware of the Employers expectations (see Employees Acknowledgement Form)

#### **Information:**

Information will be given to employees in a manner that accounts for differences in language, literacy, technical language ability, or any other issue that may impact on the learner's ability to understand.

Information will be delivered through induction, task specific training and information sessions, and briefings. Employees should also take note of advisory signs and placards.

## HAL Hazard/Safety Alert Form

**Notifier:**

Reported by:	Date:
Description:	
Proposed Action to be taken:	

**Airport Management:**

Hazard, Task, Process Analysis:		
Corrective Action taken / to take:		
Corrective Action Assigned to:		Date completed:
Added to Hazard Register	YES	NO
Hazard Identification Number		
Personal Protective Equipment/Clothing required	YES	NO
Training for staff required	YES	NO
Training record updated after training given	YES	NO

## 2.4 Employee Induction and Acknowledgement

**I have read and I understand the Health and Safety Manual.**

**I am aware of:**

- The expectation of my employer that I will be involved in health and safety processes through Employee Participation.
- That I will participate in training that is made available for the tasks, processes, machinery that I use and areas where I work.
- That I have a responsibility to use safe methods of work which includes the appropriate use of safety equipment and clothing. I have a responsibility for not endangering myself and others in the workplace.
- Information about the hazards I may be exposed to (including hazard control measures) which are recorded in the Hazard Register, and the Emergency plans, wardens and evacuation procedures.
- The reporting system for alerting management of hazards, incident/near misses and accidents, and injury and illness that I become aware of associated with the tasks, processes, machinery and area where I work. (Hazard/Safety Alert Form).

<b>Person:</b>	<b>Occupation/Job Title:</b>
<b>Employee Participation</b>	<b>Aware      YES      NO</b>
<b>Specific work methods (SOP's)</b>	<b>LIST:</b>
<b>Information given</b>	<b>LIST:</b>
<b>Hazard/Safety Alert Form</b>	<b>Aware      YES      NO</b>

<b>Employee</b>	<b>Employer</b>
Name:	Signed:
Signed:	Date:
Position:	
Date:	

### **3 Hazard Management**

#### **3.1 Hazard Identification and Control Procedures**

It is our intention to systematically identify and control all hazards in our workplace. Where there are significant hazards we will take all practicable steps to:

Eliminate the hazard, Isolate the hazard, or Minimise the likelihood of harm.

- Any new hazards identified will be incorporated into a Hazard Register and all employees informed
- Any new machinery/equipment/plant/tasks/chemicals/poisons are assessed before use, and safety controls/practices are put in place
- All hazards and their controls will be regularly assessed

Where the hazards may only be minimised, we will ensure:

- Protective clothing and equipment (PPE) is provided and used by all employees, at all times necessary and as directed
- Employees provided with PPE will be trained in its use and the care of and maintenance of the PPE
- Safe work practices are used and maintained
- Employees are properly trained and/or supervised
- Where appropriate, and with employee's consent, we will undertake health monitoring in relation to exposure to significant hazards

## Hazard Register

Workplace Location: **Office/Administration Area**

**E = Eliminate**

**I = Isolate**

**M = Minimise**

Hazards Identified Task/Process	Potential Harm	Significant Hazard Yes No		E	I	M	Hazard Controls	Training Required ✓	Health Monitoring Required ✓	Hazard Analysis form Id number	Hazard recheck Date	Hazard Recheck Date	Hazard Recheck Date
Visual Display units (computers)	Occupational Overuse Syndrome (OOS) Stress Fatigue	X				X	<ul style="list-style-type: none"> <li>■ Ensure Approved Code of Practice for Safe Use of VDU's is being complied with.</li> <li>■ Assessment and correction of work station.</li> <li>■ Training and Information on OOS and prevention</li> <li>■ Alternate administration and computer workloads</li> <li>■</li> </ul>	✓					
Storage of files books and records	Laceration, bruising, crushing , possibly death.	X				X	<ul style="list-style-type: none"> <li>■ Ensure goods are secured</li> <li>■ Ensure safe means of access and egress.</li> <li>■</li> </ul>						
Armed robbery		X				X	<ul style="list-style-type: none"> <li>■ Do as directed - do not put yourself nor others in an unsafe or dangerous situation</li> <li>■</li> </ul>						
Manual Handling, i.e. lifting, bending ,stretching	Sprains, Strains, pain, discomfort.	X				X	<ul style="list-style-type: none"> <li>■ Identify high risk activities.</li> <li>■ Use trolleys or manual handling aids</li> <li>■ Reduce or split loads to manageable weight and/or size</li> <li>■ Two person or team lifting</li> <li>■ Training in correct lifting and manual handling techniques</li> <li>■</li> </ul>	✓					
Electrical Equipment/leads	Electrocution, possibly death.	X			X	X	<ul style="list-style-type: none"> <li>■ Use electrical appliance close to power source</li> <li>■ Use isolating transformers or residual current device (where necessary)</li> <li>■</li> </ul>						



## Hazard Register

Workplace Location: **Housekeeping / Facilities**

**E = Eliminate**

**I = Isolate**

**M = Minimise**

Hazards Identified Task/Process	Potential Harm	Significant Hazard		E	I	M	Hazard Controls	Training Required	Health Monitoring Required	Hazard Analysis form Id number	Hazard recheck Date	Hazard Recheck date	Hazard Recheck Date
		Yes	No										
Emergency evacuation	Injury or death if you fail to evacuate	X				X	<ul style="list-style-type: none"> <li>Is date of last emergency evacuation, within 12 months?</li> </ul>						
Housekeeping in Cafe	Spills, trips, burns, food poisoning	X				X	<ul style="list-style-type: none"> <li>All areas properly cleaned?</li> <li>Are all goods stored safely?</li> <li>Hot water, soap and drying means available?</li> <li>Clean up spills.</li> </ul>		Yes via Food premises licence				
Toilet facilities in Terminal	Wet Floor slips and trips	X				X	<ul style="list-style-type: none"> <li>Kept clean and tidy.</li> <li>Rubbish bin with lid.</li> </ul>						
Contractors and/or Sub-contractors	Potentially cause aviation accident or incident, could cause a fuel fire with Av Gas	X				X	<ul style="list-style-type: none"> <li>Ensure preferred contractors maintain health and safety standards.</li> <li>Ensure they have received induction</li> <li>Ensure they provide a Health and Safety Management Plan to HAL</li> </ul>	✓					
First Aid Kit	Inability to treat when required, Risk of serious harm to first aiders	X				X	<ul style="list-style-type: none"> <li>Ensure first aid kit is kept accessible.</li> <li>Ensure kit is stocked and maintained in accordance with First Aid Regulations.</li> <li>Ensure there are trained first aiders on site</li> </ul>	✓					
Fire Extinguishers	Burns if extinguisher is not charged	X				X	<ul style="list-style-type: none"> <li>Are they fully charged?</li> <li>Are they within their service period?</li> </ul>	✓					
Other people in the place of work	Loss of concentration or focus. Could be a potential thief.	X				X	<ul style="list-style-type: none"> <li>Restrict access.</li> </ul>						
Trips and Slips	Sprains, bruises, broken limbs, head injuries even death	X				X	<ul style="list-style-type: none"> <li>Good house keeping,</li> <li>Hand rails,</li> <li>Wet area signs.</li> <li>Cable ramps</li> </ul>						

### Hazard Register

Workplace Location: **Operational Area/Agricultural Work**      **E = Eliminate**    **I = Isolate**    **M = Minimise**

Hazards Identified Task/Process	Potential Harm	Significant Hazard Yes    No	E	I	M	Hazard Controls	Training required	Health Monitoring Required	Hazard Analysis form Id number	Hazard Recheck Date	Hazard Recheck Date	Hazard Recheck Date
Fatigue	Loss of concentration, poor decision making could result in injury or death	X			X	<ul style="list-style-type: none"> <li>■ Work hours managed; adequate rest breaks enforced.</li> <li>■</li> </ul>	✓					
Noise exposure	Loss of hearing	X			X	<ul style="list-style-type: none"> <li>■ Ear protection/muffs provided</li> <li>■ Excessive noise areas identified</li> <li>■</li> </ul>	✓	✓				
Impact of Aircraft while working in Operational Area	Fatal or serious injury	X			X	<ul style="list-style-type: none"> <li>■ Vehicle Identification sign</li> <li>■ High Vis Clothing for Operator</li> <li>■ Flashing Light on Vehicles in Operating Area</li> <li>■ Personnel working in Operating Area must carry a VHF radio to monitor aircraft activity</li> </ul>	✓					
Use of Quad Bike	Over turn causing crushing, broken bones or death	X			X	<ul style="list-style-type: none"> <li>■ Driver training and or experience</li> <li>■ PPE worn including helmets</li> <li>■ ACC publication</li> </ul>	✓					
Use of Tow Behind self powered Mower	Cuts, amputation and death	X			X	<ul style="list-style-type: none"> <li>■ Operator Training</li> </ul>	✓					
Use of Quad Bike spray boom and spray wand	Chemical exposure and crushing, broken bones or death.	X			X	<ul style="list-style-type: none"> <li>■ Driver training and or experience</li> <li>■ PPE worn including helmets</li> <li>■ Understanding of MSDS</li> <li>■ Safe methods of Use</li> </ul>	✓					
Organophosphate and other herbicides exposure.	Potential harm to eyes, skin, inhalation, ingestion	X			X	<ul style="list-style-type: none"> <li>■ Use of PPE</li> <li>■ Understanding of MSDS</li> <li>■ Safe methods of Use</li> <li>■ Safe storage of Chemicals</li> </ul>	✓					
Use of Brush Cutter	Lacerations, amputations, hearing loss and OOS	X			X	<ul style="list-style-type: none"> <li>■ Operator training and or experience</li> <li>■ PPE worn including helmets</li> <li>■ Safe methods of Use</li> </ul>	✓					
Working Alone	Inability to call for help resulting in deteriorating condition and possibly death	X			X	<ul style="list-style-type: none"> <li>■ Lone operator to file a plan of intentions with another person regarding activity, location and time of return.</li> </ul>	✓					

## Hazard Register

### Hazard Analysis

Hazard:	Id: HAL
Description:	
Hazard, Task, Process Analysis:	
Details of controls used:	
Health monitoring: (obtain informed consent)	
Personal Protective Equipment/Clothing:	
Issued Date:	Use of, Care of, Maintenance, PPE review dates:
Training for staff:	
Information sources: COP's, Guidelines, Technical Advice (who, from where, qualifications)	

Training record updated after training given	YES	NO
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### HAL Chemicals and Substances Management Register

<b>Describe the chemical</b>	Trade Name	Weedmaster		Ban Vine	
	Generic name	Herbicide		Herbicide	
	Type of chemical. E.g. Glyphosate, organophosphate	Glyphosate		2,4-Dichlorophenoxy-acetic acid	
	UN Number	3082		3082	
	HSNO classifications Explosive, flammable, toxic, Corrosive, oxidising, ecotoxic	6.3B, 6.9B, 8.3A, 9.1B Corrosive and Ecotoxic		6.1E, 6.4A, 6.9A, 9.1A, 9.2A, 9.3B, 9.4C Toxic and Ecotoxic	
	Form Gas, liquid, gel, solid, powder	Liquid		Liquid	
<b>Storage</b>	Quantity stored	20 Litres		5 Litres	
	Type of container	20 Litre Plastic Gerry Can		5 Litre Plastic Bottle	
	Storage Location	Maintenance Shed		Maintenance Shed	
<b>Hazards and Risk</b>	Potential Harm	Eyes, skin, inhalation, ingestion		Eyes, skin, inhalation, ingestion	
	<b>Controls and Information</b>	Required	In place	Required	In place
	Safety Data Sheet	✓	✓	✓	✓
	Protective safety equipment	✓	✓	✓	✓
	Training				
	Health monitoring				
	Secure storage	✓	✓	✓	✓
	Segregation	✓	✓	✓	✓
	Labelling	✓	✓	✓	✓
	Signage	✓	✓	✓	✓
	Emergency response plan	Not required, less than 100 litres stored	n/a	Not required, less than 100 litres stored	n/a
	Bunding	✓	✓	✓	✓
	Test certificates				
	Approved handler / CSL holder Name:	Drew Howat		Drew Howat	
Signature & Date:					
Reviewed by & Date:					

### HAL Chemicals and Substances Management Register

<b>Describe the chemical</b>	Trade Name	Tordon Brushkiller XT			
	Generic name	Herbicide			
	Type of chemical. E.g. Glyphosate, organophosphate	Triclopyr Butoxyethyl ester			
	UN Number	3082			
	HSNO classifications Explosive, flammable, toxic, Corrosive, oxidising, ecotoxic	3.1D, 6.1D, 6.3B, 6.4A, 6.5B, 6.9B, 9.1A, 9.2A, 9.3C Ecotoxic			
	Form Gas, liquid, gel, solid, powder	Liquid			
<b>Storage</b>	Quantity stored	20 Litres			
	Type of container	20 Litre Plastic Gerry Can			
	Storage Location	Maintenance Shed			
<b>Hazards and Risk</b>	Potential Harm	Eyes, skin, inhalation, ingestion			
	<b>Controls and Information</b>	Required	In place		
	Safety Data Sheet	✓	✓		
	Protective safety equipment	✓	✓		
	Training				
	Health monitoring				
	Secure storage	✓	✓		
	Segregation	✓	✓		
	Labelling	✓	✓		
	Signage	✓	✓		
	Emergency response plan	Not required, less than 100 litres stored	n/a		
	Bunding	✓	✓		
	Test certificates				
	Approved handler / CSL holder Name:	Drew Howat			
	Signature & Date:				
Reviewed by & Date:					

### HAL Chemicals and Substances Management Register

<b>Describe the chemical</b>	Trade Name	Jet A-1		Av Gas	
	Generic name	Fuel, Aviation, Turbine engine		Gasoline	
	Type of chemical. E.g. Glyphosate, organophosphate	Petroleum		Gasoline	
	UN Number	1863		1203	
	HSNO classifications Explosive, flammable, toxic, Corrosive, oxidising, ecotoxic	3.1C, 6.1E, 6.3B, 9.1B Flammable Liquid		3.1A, 6.1E, 6.3B, 6.7B, 6.8A, 9.1B Flammable Liquid	
	Form Gas, liquid, gel, solid, powder	Liquid		Liquid	
<b>Storage</b>	Quantity stored				
	Type of container	Sub Ground Storage		Sub Ground Storage	
	Storage Location	Z Fuel Pump underground tank		RD Petroleum above ground tank	
<b>Hazards and Risk</b>	Potential Harm	Burns, Inhallation, Skin Corrosion/Irritation, Aquatic Toxicity (Chronic),		Burns, Inhallation, Skin Corrosion/Irritation, Aquatic Toxicity (Chronic), Carcinogenic, Reproductive toxicant	
	<b>Controls and Information</b>	Required	In place	Required	In place
	Safety Data Sheet	✓	✓	✓	✓
	Protective safety equipment	✓	✓	✓	✓
	Training	✓	✓	✓	✓
	Health monitoring				
	Secure storage	✓	✓	✓	✓
	Segregation	✓	✓	✓	✓
	Labelling	✓	✓	✓	✓
	Signage	✓	✓	✓	✓
	Emergency response plan				
	Bunding	✓	✓	✓	✓
	Test certificates				
	Approved handler / CSL holder Name:	Drew Howat		Drew Howat	
Signature & Date:					
Reviewed by & Date:					

### 3.2 Emergency Planning

**All Aeronautical emergencies are covered in the Hokitika Airport Emergency Plan document.**

**All other Emergencies or Natural Disasters are covered below.**

In the event of any emergency or natural disaster, the following should happen:

1. Prevention of harm to all persons on site.
2. Raise the alarm.
3. Contact Emergency Services on 111 (as required).
4. Do not put yourself or anyone else at any unnecessary risk!
5. Evacuate from building or area.
6. Assemble all personnel at **The Fox Moth Display Shed in front of the Terminal Building**
7. Check all persons are accounted for.

Fire drills and evacuation procedures are practised at least annually and are documented in the Airport Management report to the Chief Executive.

### 3.3 Training and Supervision for Employees

#### Employers Responsibilities

No untrained employees will be permitted to perform any task, operate any machinery, or deal with any substance or material without prior experience (unless closely supervised by someone with such experience).

All employees will be made aware of:

- The hazards they will be exposed to in the workplace, and the hazard controls or procedures to be taken to prevent any harm or damage to themselves, other person(s) and property.
- The location of all necessary safety equipment, clothing and materials.
- What to do in an emergency.

New employees will undergo induction training which is to be recorded on the Induction/Training record. All task specific training will be recorded in the training section of the Training record.

#### Employee's Responsibilities

Every employee shall take all practicable steps to ensure:

- Their own safety while at work; and
- That all personal protective clothing (and equipment) is worn/used (as identified by hazard controls) and as directed by the employer: and
- That no action or inaction of the employee while at work causes harm to any other person(s).

#### Training and Supervision

**UNDER TRAINING means:** Received instruction on safety rules and hazards including safe operating procedures & practices. Must work under supervision.

**FULLY COMPETENT means:** Fully trained and able to work/operate unsupervised.

The person assigned as the trainer will have the relevant skills, experience, or qualifications in the task(s) that are the subject of the training session. Qualifications will be current.



**HAL Health and Safety Training Form**

## **Employee/Contractor Training Record**

Employee's Name: \_\_\_\_\_

Started on: \_\_\_\_\_

<b>TRAINING</b>								
<b>Training Areas</b>						<b>Fully Competent</b>		
		Area or Location	Operation and Safety	Associated Hazards	Reporting	Date	Employee Signed	Trainer Signed
1	Bird Scare Pistol Use							
2	Wildlife Control							
3	Use of Quad Bike							
4	Lone Operator							
5	Impact with Aircraft							
6	Use Tow Behind self powered Mower							
7	Use of Brush Cutter							
8	Use of C-Dax Spray Unit from Quad Bike							
9	Noise Exposure							
10	Fatigue							
11	Generator Operation							
12	Operation of Navigation Lights							
13	Daily Airside Inspection							
14	Use of Inspection Vehicle							
15	Use of Airband Radio							
16	Competency Check for Inspectors							
17	NOTAM Issue							
18	Security							

## Employee/Contractor Training Record

Employee's Name: \_\_\_\_\_

Started on: \_\_\_\_\_

[illegible]

### **3.4 Duties to “Others in the Workplace”**

#### **3.4.1 Volunteers and Trainees**

We have a duty to ensure the following persons are NOT HARMED:

- Airport Passengers (with family/friends) and café patrons.
- Private pilots and their passengers.
- Rental Car customers.

We have a duty to ensure the following persons are advised of any **significant hazards** that we know of, that are not normally to be found on our premises:

- Persons who are authorised to be there
- Persons who are on site under the authority of an Act, e.g. Electric power authority, MBIE, CAA, Police, Fire Service, Ambulance Service.

**We do not have a duty to:**

- Trespassers
- Persons on site solely for recreation or leisure (providing they were not authorised to be here)

#### **Volunteers**

We are required to take all practicable steps to ensure the health and safety of volunteers whilst undertaking any work activities. In some situations, they are to be treated as though they are an employee.

#### **Trainees / Loaned Workers / Persons Carrying out Work Experience**

Trainees, loaned workers and persons doing work experience are to be treated as though they are our employees.

### 3.4.2 Contractors and Sub-Contractors

On some occasions we engage contractors and on those occasions we will be a “principal”. A principal means “A person who or that engages any person (otherwise than as an employee) to do any work for gain or reward.”

As a principal, we are required to take all practicable steps for a contractor’s safety and the safety of any employees of that contractor.

To achieve this, prior to any work commencing, all contractors will be advised of:

1. The specific hazards they may be exposed to and the hazard controls, whilst the contractor is undertaking work on our premises.
2. Emergency and evacuation procedures.

A signed record will be kept of the induction and this will be kept with the Contractor’s Agreement.

**Our policy is that the:**

- Contractor shall be informed that they are responsible for any hazards that they may create while on our premises;
- Contractor must advise us (the Principal) of all serious harm accidents to themselves, their staff or others in the place of work;
- Contractor must provide documentation to confirm they have complied with their own responsibilities under the Health and Safety at Work Act 2015.

We will ensure the following is given to all contractors / sub-contractors:

1. Induction to Contractor / Sub-contractor;
2. Safety Requirements for Contractors;
3. Conditions of Contract;

## Contractor's Agreement

Date

\_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_

**re: CONTRACT FOR**

To comply with the Health and Safety at Work Act 2015, we require all contractors who wish to tender for contracts, or maintain a service agreement, or remain a preferred contractor or supplier, to provide the following information:

1. Health and Safety Management Plan that includes:
  - Safety policy;
  - Hazards and the hazard controls; and
  - Injury/Incident/Illness reporting procedures
2. Contractors are reminded that all work is subject to the provisions of the Health and Safety at Work Act 2015 and, in some instances, the Civil Aviation Act, Rules and certificates. In particular:
  - Contractors are to comply with all regulations, enactments, codes of practice (approved or voluntary) applying to the trade or profession within which they operate;
  - We, as the Principal, are to be advised of any and all hazardous plant, equipment, machinery or substances which are brought into the workplace;
  - All people utilised are fully trained in the work to be undertaken or are closely supervised by someone who is.
  - Any accident or incident which harms or may have harmed any person in the workplace, in addition to being recorded and notified as required under Part 1, Section 23 of the Health and Safety at Work Act 2015, are to be reported to HAL, as the Principal.
  - All safety clothing/equipment required to minimise the likelihood of harm, is to be provided, accessible to and used by any person engaged in the workplace.
3. Before commencing work on HAL premises, all contractors must ensure that any employees of the contractor, subcontractors on HAL premises, or if an individual, they are conversant with:
  - Emergency procedures (to be followed in the event of an emergency);
  - Safety rules and procedures;
  - Hazards which have been identified, and the hazard controls.
4. We as the Principal to the contract retain the right to inspect the contract operation at any time, to ensure all safety procedures and rules are being followed. Failure to follow safety rules and procedures may result in the work being stopped to allow the situation to be made safe. Failure may also result in the contract being terminated immediately.

I agree to abide by all the above conditions, on behalf of:

Contractor's Name: .....

Contractor's Signature: .....

Date: ..... Contact Phone Number(s): .....

Email: .....

Sign the attached copy and return with your Health and Safety Management Plan / Manual.

Special Conditions Specified by HAL Management.....

## **4 Accident, Incident, Injury and Illness Response.**

### **4.1 Policy**

### **4.2 Definitions**

#### **Notifiable Event**

### **4.3 Notifiable Occupational Disease System (NODS)**

### **4.4 Flowcharts**

#### **Accident/Incident/Injury/Illness**

#### **Investigation (Company)**

#### **Action following a Notifiable Event**

### **4.5 Forms**

#### **Accident/Incident/Injury/Illness Form**

#### **Investigation and Analysis Form**

#### **CAA Notification of a Notifiable Incident Form**

#### **Worksafe Notification of a Notifiable Incident Form**

#### **CAA Notification of a Death or a Notifiable Injury or Illness Form**

#### **Worksafe Notification of a Death or a Notifiable Injury or Illness Form**

#### **Notifiable Occupational Disease System Nods**

### **4.6 Reporting Addresses**

### **4.7 Injury Management and Rehabilitation**

#### **Policy**

## 4.1 Policy

- All injury, incidents and illnesses resulting from work, must be notified to the Airport Management immediately. If any accident or incident is not notified on the day it happens and relates to an injury, then it may not be accepted as a work related injury.
- Do not disturb the scene. (There are exemptions for this) Seek approval from an HSU Inspector **before** releasing or disturbing the scene: if the accident involves the MBIE, call them, however, if aircrew were harmed in respect of an operational flight, contact the HSU Unit of CAA instead.
- All accidents, incidents, illnesses resulting from work and non-notifiable accidents must be recorded on the Injury /Incident Form included in this Safety Manual.
- A Notifiable Event affecting any person e.g. employee(s), contractors, contractor's employees and other person(s) is to be notified by the fastest possible means in the circumstances either by telephone or in writing. (Refer to list of CAA / MBIE Addresses and Phone Numbers). Note: Principals and self-employed persons must also report a notifiable event
- A record of each notifiable event will be kept for at least 5 years from the date on which notice of the event is given to the regulator.
- A **HAL investigation is to occur**: the initial investigation is to have priority above other work to prevent exposures and/or accidents, incidents recurring. Once an initial assessment has been made, then a decision as to the ongoing investigation can be made. The Investigation and Analysis Form is used for this purpose.
- Inform all employees of the outcome of any accident/incident investigation, i.e. new hazard identified and the hazard controls.

## 4.2 Definitions

# s25 NOTIFIABLE EVENT



A Notifiable Event is described as when someone dies or when a notifiable incident, illness or injury occurs. The regulator (CAA HSU) must be informed by the authorised member of staff.



DEATH



INCIDENT




INJURY OR ILLNESS


## s24 MEANING OF NOTIFIABLE INCIDENT

In this Act, unless the context otherwise requires, a notifiable incident means an unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure to:


 an escape, a spillage, or a leakage of a substance


 an implosion, explosion, or fire

 an escape of gas or steam

 an escape of a pressurised substance

 an electric shock


 the fall or release from a height of any plant, substance, or thing


 the collapse, overturning, failure, or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with regulations

 the collapse or partial collapse of a structure.


## s23 MEANING OF NOTIFIABLE INJURY OR ILLNESS


In this Act, unless the context otherwise requires, a notifiable injury or illness, in relation to a person, means any of the following injuries or illnesses that require the person to have immediate treatment (other than first aid):


 the amputation of any part of his or her body


 a serious head injury

 a serious eye injury


 a serious burn

 the separation of his or her skin from an underlying tissue (such as degloving or scalping)

 a spinal injury

 the loss of a bodily function

 serious lacerations

 injury or illness that required or would usually require admittance to Hospital for immediate treatment or require medical treatment within 48 hours of exposure to a substance.

NOTE: Numbers in this document refer to relevant sections of the Health and Safety at Work Act 2015.



### **4.3 Notifiable Occupational Disease System**

The Notifiable Occupational Disease System (NODS) is a voluntary system used to notify the employer and Civil Aviation Authority of a health problem that may have been caused by work.

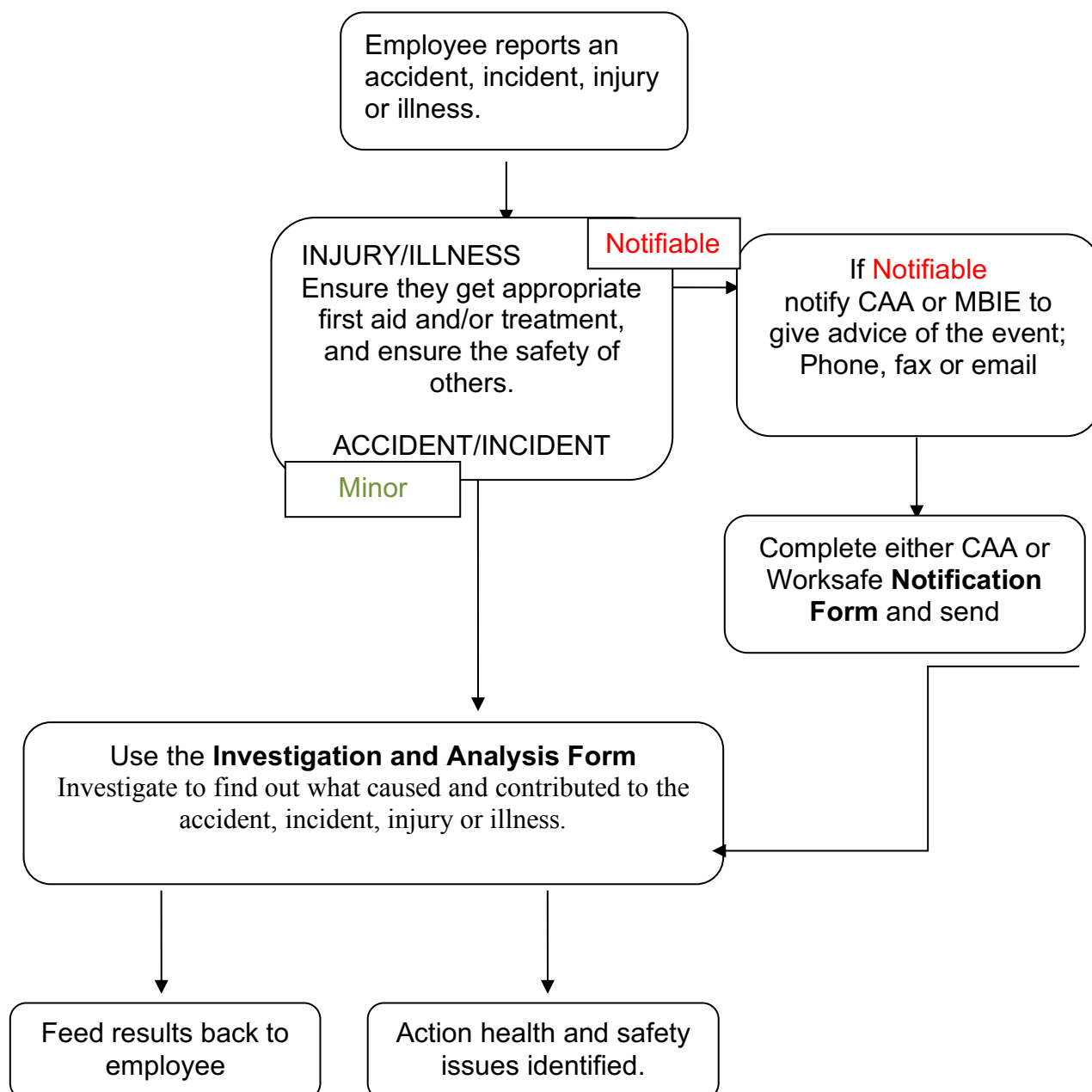
Examples are:

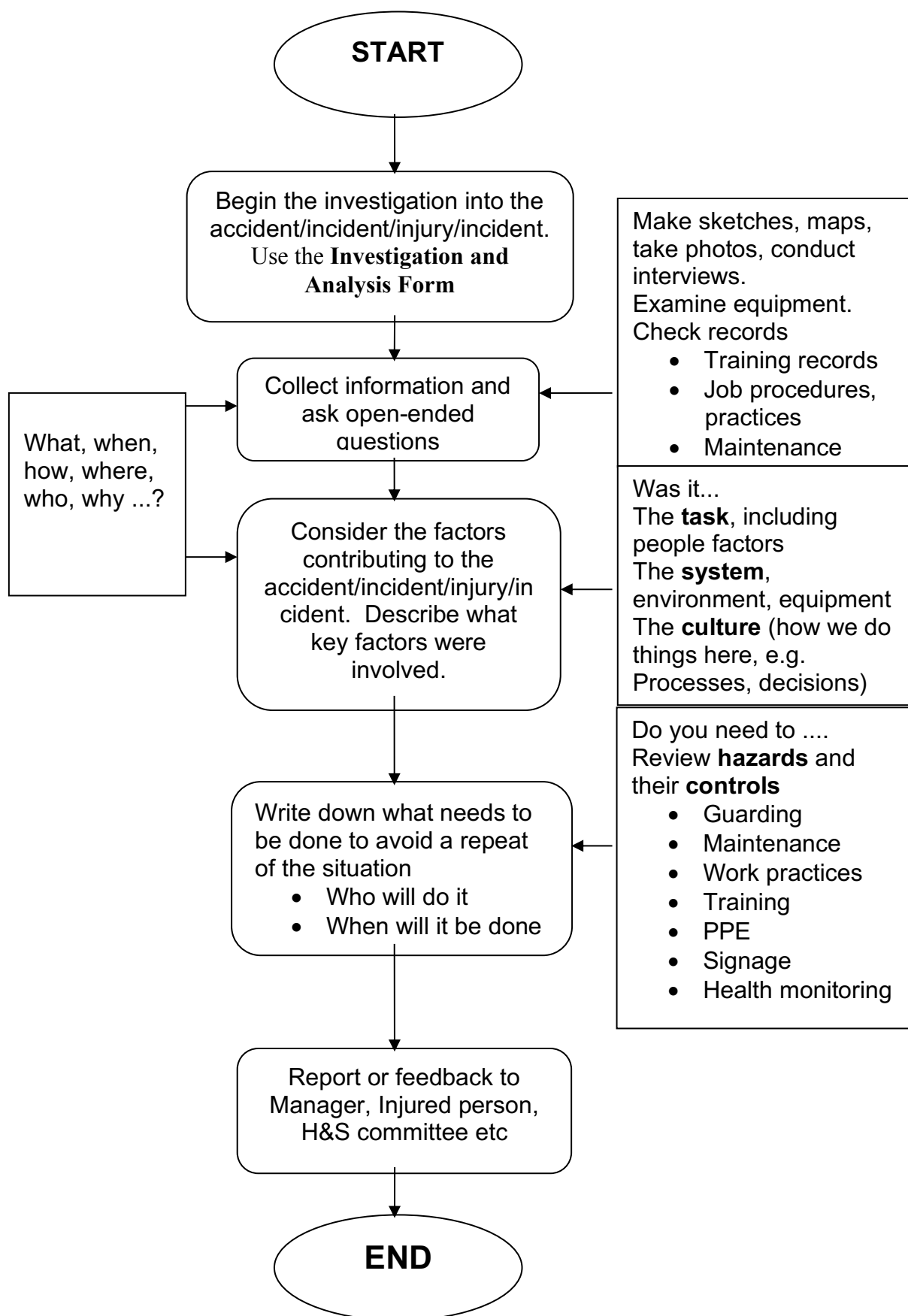
- Noise within your workplace can cause damage to your ears and with prolonged exposure may cause hearing loss.
- Repeated movements, constant muscle tension or lifting may cause an overuse disorder.
- Chemicals used in the workplace may cause breathing or nerve degradation such as asthma or depression.

The NOD system is generally used by General Medical Practitioners (GP's) to alert employers, and , if necessary, the CAA or MBIE, that your personal health assessment shows that your ill health could be linked to your workplace activity. The employer then has an opportunity to conduct an investigation.

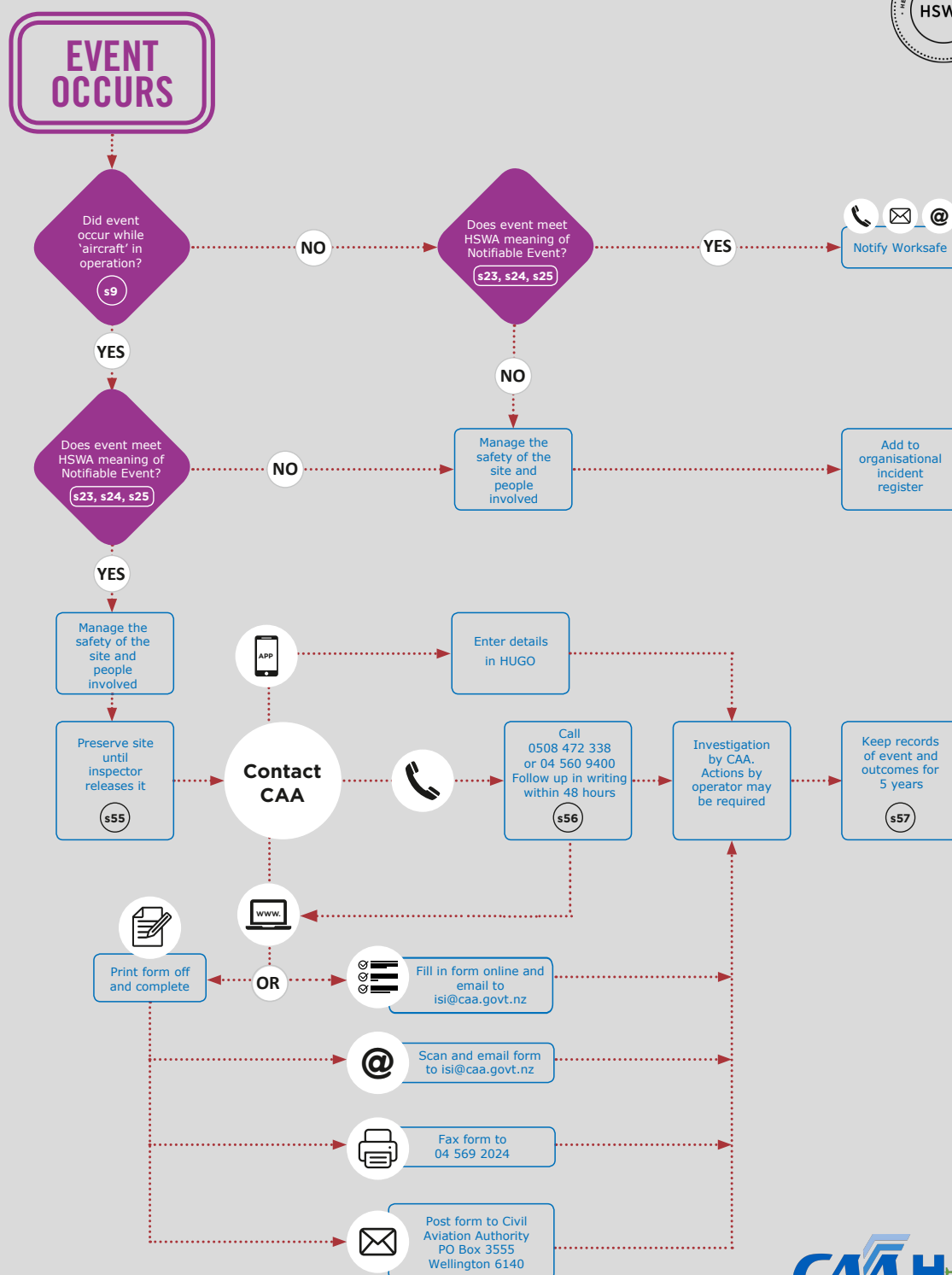
#### 4.4 Flow Charts

### Accident/Incident/Injury/Illness Flowchart



**INVESTIGATION FLOWCHART**


# ACTION FOLLOWING A NOTIFIABLE EVENT



Note: Numbers in this document refer to Section numbers in the Health and Safety at Work Act 2015.

## 4.5 Forms

### HAL ACCIDENT/INCIDENT/INJURY/ILLNESS FORM

#### INCIDENT DETAILS

**Incident type:** Near Miss ☐ Accident ☐ Illness ☐  
**Severity:** ☐ Minor (First Aid) ☐ Potentially Serious ☐ Serious (see Notifiable Event)

NB: A Notifiable Event is to be notified by the fastest possible means in the circumstances

<b>What Happened?</b>
<b>What do you think caused or contributed to the incident?</b>

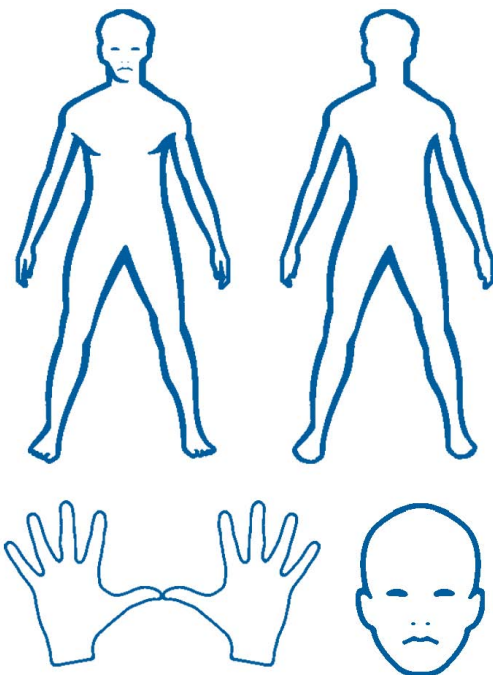
#### Personal Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F  
 Phone: \_\_\_\_\_ Date and Time of Incident: \_\_\_\_\_ / \_\_\_\_\_

#### Injury Details

##### Body Part:

##### Injury Type: (Tick)

<p>Shade the part of the body that is injured</p> <div style="text-align: center; margin-top: 20px;">  </div>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ache/pain (gradual)</li> <li><input type="checkbox"/> Ache/pain (sudden)</li> <li><input type="checkbox"/> Amputation</li> <li><input type="checkbox"/> Broken Bone</li> <li><input type="checkbox"/> Bruising incl crushing</li> <li><input type="checkbox"/> Burns/scalds</li> <li><input type="checkbox"/> Chemical reaction</li> <li><input type="checkbox"/> Choking/suffocation</li> <li><input type="checkbox"/> Concussion/brain injury</li> <li><input type="checkbox"/> Cut (infected)</li> <li><input type="checkbox"/> Cut (not infected)</li> <li><input type="checkbox"/> Dental injury</li> <li><input type="checkbox"/> Dermatitis</li> <li><input type="checkbox"/> Dislocation</li> <li><input type="checkbox"/> Fatal</li> <li><input type="checkbox"/> Foreign Body (eye, ear, nose)</li> <li><input type="checkbox"/> Inhalation disease (asbestos/lead)</li> <li><input type="checkbox"/> Hearing Loss (noise induced)</li> <li><input type="checkbox"/> Poisoning</li> <li><input type="checkbox"/> Strain/Sprain</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Multiple Injuries</li> </ul>
--	--

# HAL INVESTIGATION and ANALYSIS FORM

---

## Health and Safety Investigation Details

Short title / description of accident/incident/injury/illness:

## Information Details

Describe what information you have collected about the accident/incident/injury/illness:  
(who is injured, witnesses, interviews, observations, photos, notes, re-enactments.)

## Analysis

Describe what key factors/hazards contributed to the accident/incident/injury/illness:  
(Consider tasks, people factors, systems, environmental factors, equipment, culture, weather, etc.)

## Action Details

Describe what needs to be actioned to fix the situation:  
(What changes will be made, who approves them, who needs to be informed about them.)

Action Plan Assigned to: \_\_\_\_\_

Date Action Due: \_\_\_\_\_

Action Completed: \_\_\_\_\_

Does the Hazard Register need updating? Y / N

Updated On: \_\_\_\_\_

### REPORTING DETAILS:

Has CAA / Worksafe been advised? Y / N

Date Advised: \_\_\_\_\_

Sig: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_

# NOTIFICATION OF A NOTIFIABLE INCIDENT



Use this form to notify Civil Aviation Authority of a notifiable incident that exposes a person(s) to serious risk, as required by Section 56 of the Health and Safety Act 2015

## Notifier details

Are you making this notification as a:  
 (See the last page of this form for descriptions of these terms)

☐

PCBU

☐

HSR

☐

Other

Title:

Last name:

First name:

Middle names:

Phone number:

Mobile number:

Postal address:


Town/city:

Postcode:

Email:

## Details of incident

Date of event:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Time of event: (UTC/NZDT/NZST)

Incident address:


What happened?

☐

Escape, spillage or leakage of a substance

☐

Implosion, explosion or fire

☐

Escape of gas or steam

☐

Escape of a pressurised substance

☐

Electric shock

☐

Fall or release from a height of any plant, substance or thing

☐

Collapse, overturning, failure or malfunction of, or damage to any plant that must be authorised for use

☐

Collapse or partial collapse of a structure, or under slung load or human slung load

☐

Any other incident declared by regulations to be a notifiable incident for the purposes of the HSWA

Phase of flight

☐

In preparation for imminent flight

☐

Taxi

☐

Take off

☐

In flight

☐

Landing

Aircraft registration:

What was the principle cause of the incident?

<input type="checkbox"/> Machinery or (mainly) fixed plant	<input type="checkbox"/> Mobile plant or transport	<input type="checkbox"/> Powered equipment, tool or appliance
<input type="checkbox"/> Non-powered handtool	<input type="checkbox"/> Appliance or equipment	<input type="checkbox"/> Chemical or chemical product
<input type="checkbox"/> Material or substance	<input type="checkbox"/> Environmental	<input type="checkbox"/> Exposure (e.g. dust, gas)
<input type="checkbox"/> Animal, human or biological agency (other than bacteria or virus)		

Provide a description of what happened:


Provide details about the people involved in the incident:  
(names, contact details)


☐ I have attached any supporting information (photographs or diagrams).  
(supporting information is not mandatory, but should be supplied when helpful in explaining the incident)

Weather conditions / turbulence at time of incident:


Was a significant hazard involved? ☐ Yes ☐ No

Have you notified any other agency? ☐ Yes ☐ No

Notified agency name:

--

Notified agency phone number:

--

#### PCBU Details

Legal entity name: (the name that is used on official legal documents)

--

Trading name: (if different to legal name)

--

New Zealand Business Number (NZBN): (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**Aviation Rule Part:**

<input type="checkbox"/> 91 General Operating Flight Rules	<input type="checkbox"/> 102 Unmanned Aircraft	<input type="checkbox"/> 115 Adventure Aviation
<input type="checkbox"/> 119 Air Operator	<input type="checkbox"/> 121 Large Aeroplanes	<input type="checkbox"/> 125 Medium Aeroplanes
<input type="checkbox"/> 133 Helicopter External Load Operations	<input type="checkbox"/> 135 Helicopters and Small Aeroplanes	<input type="checkbox"/> 137 Agricultural Aircraft Operations
<input type="checkbox"/> 141 Aviation Training Providers	<input type="checkbox"/> Other rule parts (specify below)	

Specify other:

Physical address:


Town/city:

Postcode:

Postal address

☐ Same as above

 Postal address:  
*(if different from physical)*
  


Town/city:

Postcode:

PCBU phone number:

PCBU mobile number:

 PCBU contact:  
*(first name, last name)*


Email:

Is the PCBU investigating?

☐

Yes

☐

No

**Other PCBU's Involved**

Were other PCBU's involved?

☐

Yes

☐

No

Names of other PCBU's

**Health and Safety Representative (HSR) details**
☐

There is an HSR working for this organisation?

☐

Do they hold the NZQA qualifications for HSR?

### Declaration

☐

I declare that to the best of my knowledge, the information provided in this notification is true and correct.

Full name:

(first name, last name)

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Position:

### How to complete this form and where to send your completed form

This form can be completed by opening on your computer using Adobe Reader then either:

1. Type the information into the form and save to your computer.
2. Print the form off and hand write in details.

Once completed either scan the handwritten form, or attach the completed PDF version and email it to Civil Aviation Authority:

**isi@caa.govt.nz**

If emailing this form is not practical you may post it to:

Manager Health and Safety Unit  
 Civil Aviation Authority  
 PO Box 3555  
 Wellington 6140

### Terms

**PCBU** — A PCBU is a 'person conducting a business or undertaking'. A PCBU may be an individual person or an organisation. It does not include workers or officers of PCBUs, volunteer associations with no employees, or home occupiers that employ or engage a tradesperson to carry out residential work. A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. This is called the 'primary duty of care'.

**Worker** — A worker is an individual who carries out work in any capacity for a PCBU. It includes an employee, a contractor or sub-contractor, an apprentice or trainee, a person on work experience or a work trial, or a volunteer worker. Workers have their own health and safety duty to take reasonable care to keep themselves and others healthy and safe when carrying out work.

**HSR** — A health and safety representative (HSR) is a worker who has been elected by the members of their work group to represent them in health and safety matters. HSRs are elected by a work group, which is a defined group of workers who work for the PCBU. Only HSRs who have attended the Health & Safety training outlined in the Regulations can issue Provisional Improvement Notices, direct unsafe work to cease. These HSRs needed to have attended approved training under the HSE Act and completed transition training or completed NZQA 29315.

# NOTIFICATION OF A NOTIFIABLE INCIDENT

Use this form to notify WorkSafe New Zealand of a notifiable incident that exposes a person(s) to serious risk, as required by section 56 of the Health and Safety Act 2015

Did you know you can save time by completing this form online, [click here](#)



## Notifier details

Are you making this notification as a: <small>(See the last page of this form for descriptions of these terms)</small>		<input type="radio"/> PCBU	<input type="radio"/> Other
Title:	Last name:		
First name:		Middle names:	
Phone number:		Mobile number:	
Postal address:			
Town/city:		Postcode:	
Email:			

## Details of incident

Date of incident: <small>(dd/mm/yyyy)</small>	Time of incident: <small>(e.g. 2:20pm)</small>
Incident address:	
Town/city:	Postcode:
What happened?	
<input type="checkbox"/> Escape, spillage or leakage of a substance	<input type="checkbox"/> Implosion, explosion or fire
<input type="checkbox"/> Escape of gas or steam	<input type="checkbox"/> Escape of a pressurised substance
<input type="checkbox"/> Electric shock	<input type="checkbox"/> Fall or release from a height of any plant, substance or thing
<input type="checkbox"/> Collapse, overturning, failure or malfunction of, or damage to any plant that must be authorised for use	<input type="checkbox"/> Collapse or partial collapse of a structure
<input type="checkbox"/> Collapse or failure of an excavation or shoring supporting an excavation	<input type="checkbox"/> Inrush of water, mud, or gas in workings in an underground excavation or tunnel
<input type="checkbox"/> Interruption of the main system of ventilation in an underground excavation or tunnel	<input type="checkbox"/> Collision between 2 vessels, a vessel capsize or the inrush of water into a vessel
<input type="checkbox"/> Asbestos: Emergency procedures – Residential	<input type="checkbox"/> Asbestos: Emergency procedures – Commercial
<input type="checkbox"/> Respirable asbestos meets or exceeds 0.02 fibres per ml of air	

**NOTIFICATION OF A NOTIFIABLE INCIDENT**

What was the principal cause of the incident?	
<input type="radio"/> Machinery or (mainly) fixed plant	<input type="radio"/> Mobile plant or transport
<input type="radio"/> Powered equipment, tool or appliance	<input type="radio"/> Non-powered handtool
<input type="radio"/> Appliance, or equipment	<input type="radio"/> Chemical or chemical product
<input type="radio"/> Material or substance	<input type="radio"/> Environmental
<input type="radio"/> Exposure (e.g. dust, gas)	<input type="radio"/> Animal, human or biological agency (other than bacteria or virus)
Provide a description of what happened:	
Provide details about the people involved in the incident:	
<input type="checkbox"/> I have attached any supporting information (photographs or diagrams). <small>(supporting information is not mandatory, but should be supplied when helpful in explaining the incident)</small>	
The incident occurred:	<input type="radio"/> Indoors <input type="radio"/> Outdoors
Weather conditions at time of incident:	
Was a significant hazard involved?	<input type="radio"/> Yes <input type="radio"/> No
Confirm that the site has been preserved, as required by section 55 of the Act:	<input type="checkbox"/>
Have you notified any other agency?	<input type="radio"/> Yes <input type="radio"/> No
Notified agency name:	
Notified agency phone number:	

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## NOTIFICATION OF A NOTIFIABLE INCIDENT

### PCBU details

Legal entity name: <i>(the name that is used on official legal documents)</i>		
Trading name: <i>(if different to legal name)</i>		
New Zealand Business Number (NZBN): <i>(if applicable)</i>		
Industry:		
<input type="radio"/> Accommodation and Food Services	<input type="radio"/> Administrative and Support Services	<input type="radio"/> Agriculture
<input type="radio"/> Arts and Recreation Services	<input type="radio"/> Construction	<input type="radio"/> Education and Training
<input type="radio"/> Electricity, Gas, Water and Waste Services	<input type="radio"/> Financial and Insurance Services	<input type="radio"/> Fishing
<input type="radio"/> Forestry	<input type="radio"/> Health Care and Social Assistance	<input type="radio"/> Information Media and Telecommunications
<input type="radio"/> Manufacturing	<input type="radio"/> Mining – Minerals	<input type="radio"/> Mining – Petroleum
<input type="radio"/> Mining – Other Services	<input type="radio"/> Not Elsewhere Included	<input type="radio"/> Other services (specify below)
<input type="radio"/> Professional, Scientific and Technical Services	<input type="radio"/> Public Administration and Safety	<input type="radio"/> Rental, Hiring and Real Estate Services
<input type="radio"/> Retail Trade	<input type="radio"/> Transport, Postal and Warehousing	<input type="radio"/> Wholesale Trade
Specify other:		
Physical address:		
Town/city:		Postcode:
Postal address <input type="checkbox"/> Same as above		
Postal address:		
Town/city:		Postcode:
PCBU phone number:		PCBU mobile number:
PCBU contact: <i>(first name, last name)</i>		
Email:		
Is the PCBU investigating?		<input type="radio"/> Yes <input type="radio"/> No

### Health and Safety Representative (HSR) details

There is an HSR working for this organisation <input type="checkbox"/>	They are NZQA qualified to use their powers <input type="checkbox"/>
--	--

Page of

## NOTIFICATION OF A NOTIFIABLE INCIDENT

### Declaration

☐ I declare that to the best of my knowledge, the information provided in this notification is true and correct.

Full name:  
(first name, last name)

Date:

Designation:

*Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this notification*

### Where to send your completed form

Print, complete and scan this form, or fill in the PDF version. Once completed, email it to WorkSafe:  
healthsafety.notification@worksafe.govt.nz

If emailing this form is not practical, you may post it to:

The Registrar  
WorkSafe New Zealand  
PO Box 105-146  
Auckland 1143

### Terms

**PCBU** — A PCBU is a 'person conducting a business or undertaking'. A PCBU may be an individual person or an organisation. It does not include workers or officers of PCBUs, volunteer associations with no employees, or home occupiers that employ or engage a tradesperson to carry out residential work. A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. This is called the 'primary duty of care'.

**Worker** — A worker is an individual who carries out work in any capacity for a PCBU. It includes an employee, a contractor or sub-contractor, an apprentice or trainee, a person on work experience or a work trial, or a volunteer worker. Workers have their own health and safety duty to take reasonable care to keep themselves and others healthy and safe when carrying out work.

# NOTIFICATION OF A DEATH OR A NOTIFIABLE INJURY OR ILLNESS



Use this form to notify Civil Aviation Authority of a notifiable event i.e. an injury, illness or death to a person(s), as required by Section 56 of the Health and Safety at Work Act 2015 (the Act).

## Notifier details

Are you making this notification as a:  
 (See the last page of this form for descriptions of these terms)

☐

PCBU

☐

HSR

☐

Other

Title:

Last name:

First name:

Middle names:

Phone number:

Mobile number:

Postal address:


Town/city:

Postcode:

Email:

## Details of event

Date of event:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Time of event: (UTC/NZDT/NZST)

Event address:


Town/city:

Postcode:

Phase of flight

☐

In preparation for imminent flight

☐

Taxi

☐

Take off

☐

In flight

☐

Landing

 Provide a description  
 of what happened:


 Confirm that the site has been preserved,  
 as required by Section 55 of the Act:

☐

Aircraft registration:

Have you notified any other agency?

☐

Yes

☐

No

Notified agency name:

 Notified agency  
phone number:

### Injury Details:

Have multiple people been injured?

☐

Yes (complete and attach one copy of this page and next page per person)

☐

No

### Nature of Injury

Select all applicable (if the event you are attempting to notify us of does not appear in this list then notification is not required and this form cannot be used):

☐

Death

☐

Amputation of any body part

☐

Serious head injury

☐

Serious eye injury

☐

Serious burn

☐

Serious lacerations

☐

Spinal injury

☐

Loss of bodily functions

☐

 Serious infection  
(incl. occupational zoonosis)

☐

 Other injury or illness declared  
notifiable by regulations

☐

 Separation of skin from underlying tissue  
(scalping or degloving)

☐

Injury or illness that requires (or would usually require) immediate hospital admittance

☐

Injury or illness that requires (or would usually require) medical treatment within 48 hours of exposure to a substance

### Body part(s) affected

Select all applicable:

☐

Head

☐

Neck

☐

Trunk

☐

Upper limb

☐

Lower limb

☐

Systemic internal organs

### Treatment attempted:

☐

Not known

☐

First aid only

☐

Doctor (not hospital)

☐

Hospitalisation

☐

 I have attached any supporting information (photographs or diagrams)  
(supporting information is not mandatory, but should be supplied when helpful in explaining the incident)

### Injured/ill person details

Family/Surname:

Given names:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender:



Residential address:	<input type="text"/>	
	<input type="text"/>	
Town/city:	<input type="text"/>	Postcode: <input type="text"/>
Affected person type:		
<input type="checkbox"/> Worker	<input type="checkbox"/> Contractor (self-employed)	<input type="checkbox"/> Other
How many hours had the person been at work when the incident occurred?		<input type="text"/>

  
**PCBU Details**
  
 Legal entity name: *(the name that is used on official legal documents)*  

  
 Trading name: *(if different to legal name)*  

  
 New Zealand Business Number (NZBN): *(if applicable)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
 Aviation Rule Part:
 

<input type="checkbox"/> 91 General Operating Flight Rules	<input type="checkbox"/> 102 Unmanned Aircraft	<input type="checkbox"/> 115 Adventure Aviation
<input type="checkbox"/> 119 Air Operator	<input type="checkbox"/> 121 Large Aeroplanes	<input type="checkbox"/> 125 Medium Aeroplanes
<input type="checkbox"/> 133 Helicopter External Load Operations	<input type="checkbox"/> 135 Helicopters and Small Aeroplanes	<input type="checkbox"/> 137 Agricultural Aircraft Operations
<input type="checkbox"/> 141 Aviation Training Providers	<input type="checkbox"/> Other rule parts (specify below)	

  
 Specify other: 
  
 Physical address:   

  
 Town/city:  Postcode: 
  
 Postal address ☐ Same as above
   
 Postal address: *(if different from physical)*  
  

  
 Town/city:  Postcode: 
  
 PCBU phone number:  PCBU mobile number:

PCBU contact: <i>(first name, last name)</i>	<input style="width: 80%;" type="text"/>
Email:	<input style="width: 80%;" type="text"/>
Is the PCBU investigating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other PCBU's Involved</b>	
Were other PCBU's involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names of other PCBU's	<input style="width: 80%;" type="text"/> <input style="width: 80%;" type="text"/>
<b>Health and Safety Representative (HSR) details</b>	
<input type="checkbox"/> There is an HSR working for this organisation?	<input type="checkbox"/> Do they hold the NZQA qualifications for HSR?
<b>Declaration</b>	
<input type="checkbox"/> I declare that to the best of my knowledge, the information provided in this notification is true and correct.	
Full name: <i>(first name, last name)</i>	<input style="width: 80%;" type="text"/>
Date of birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Position:	<input style="width: 80%;" type="text"/>

### How to complete this form and where to send your completed form

This form can be completed by opening on your computer using Adobe Reader then either:

1. Type the information into the form and save to your computer.
2. Print the form off and hand write in details.

Once completed either scan the handwritten form, or attach the PDF version and email it to Civil Aviation Authority: [isi@caa.govt.nz](mailto:isi@caa.govt.nz)

If emailing this form is not practical you may post it to:

Manager Health and Safety Unit  
 Civil Aviation Authority  
 PO Box 3555  
 Wellington 6140

### Terms

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**Worker** — A worker is an individual who carries out work in any capacity for a PCBU. It includes an employee, a contractor or sub-contractor, an apprentice or trainee, a person on work experience or a work trial, or a volunteer worker. Workers have their own health and safety duty to take reasonable care to keep themselves and others healthy and safe when carrying out work.

**HSR** — A health and safety representative (HSR) is a worker who has been elected by the members of their work group to represent them in health and safety matters. HSRs are elected by a work group, which is a defined group of workers who work for the PCBU. Only HSRs who have attended the Health & Safety training outlined in the Regulations can issue Provisional Improvement Notices, direct unsafe work to cease. These HSRs needed to have attended approved training under the HSE Act and completed transition training or completed NZQA 29315.

# NOTIFICATION OF A DEATH OR A NOTIFIABLE INJURY OR ILLNESS

Use this form to notify WorkSafe New Zealand of a notifiable event ie an injury, illness or death to a person(s), as required by section 56 of the Health and Safety at Work Act 2015 (the Act)

Did you know you can save time by completing this form online, [click here](#)



## Notifier details

Are you making this notification as a: <small>(See the last page of this form for descriptions of these terms)</small>		<input type="radio"/> PCBU	<input type="radio"/> Other
Title:	Last name:		
First name:		Middle names:	
Phone number:		Mobile number:	
Postal address:			
Town/city:		Postcode:	
Email:			

## Details of event

Date of event: <small>(dd/mm/yyyy)</small>	Time of event: <small>(e.g. 2:20pm)</small>
Event address:	
Town/city:	Postcode:
Provide a description of what happened:	
<div style="height: 150px;"></div>	
Confirm that the site has been preserved, as required by section 55 of the Act: <input type="checkbox"/>	
Have you notified any other agency? <input type="radio"/> Yes <input type="radio"/> No	
Notified agency name:	
Notified agency phone number:	

## NOTIFIABLE EVENT INJURY/ILLNESS OR DEATH

### Injury Details:

Have multiple people been injured?

☐ Yes (complete and attach one copy of this page per person) ☐ No

### Nature of Injury

Select all applicable (If the event you are attempting to notify us of does not appear in this list, then notification is not required and this form cannot be used):

<input type="checkbox"/> Death	<input type="checkbox"/> Amputation of any body part
<input type="checkbox"/> Serious head injury	<input type="checkbox"/> Serious eye injury
<input type="checkbox"/> Serious burn	<input type="checkbox"/> Separation of skin from underlying tissue (scalping or degloving)
<input type="checkbox"/> Spinal injury	<input type="checkbox"/> Loss of bodily functions
<input type="checkbox"/> Serious lacerations	<input type="checkbox"/> Injury or illness that requires (or would usually require) immediate hospital admittance
<input type="checkbox"/> Injury or illness that requires (or would usually require) medical treatment within 48 hours of exposure to a substance	<input type="checkbox"/> Serious infection (incl occupational zoonosis)
<input type="checkbox"/> Other injury or illness declared notifiable by regulations	

### Body part(s) affected

Select all applicable:

<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Trunk
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb	<input type="checkbox"/> Systemic internal organs

### Injury description

Briefly describe the injury:

### Treatment attempted:

☐ Not known ☐ First aid only ☐ Doctor (not hospital) ☐ Hospitalisation

☐ I have attached any supporting information (photographs or diagrams).  
(supporting information is not mandatory, but should be supplied when helpful in explaining the incident)

### Injured/Ill person details

Family/surname:	Given names:
Date of birth:	Gender:
Residential address:	
Town/city:	Postcode:
Injured person's phone number:	
Affected person type:	
<input type="radio"/> Contractor (self-employed)	<input type="radio"/> Worker <input type="radio"/> Other
How many hours had the person been at work when the incident occurred:	

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**NOTIFIABLE EVENT INJURY/ILLNESS OR DEATH**
**PCBU Details**

Legal entity name: <small>(the name that is used on official legal documents)</small>		
Trading name: <small>(if different to legal name)</small>		
New Zealand Business Number (NZBN): <small>(if applicable)</small>		
Industry:		
<input type="radio"/> Accommodation and Food Services	<input type="radio"/> Administrative and Support Services	<input type="radio"/> Agriculture
<input type="radio"/> Arts and Recreation Services	<input type="radio"/> Construction	<input type="radio"/> Education and Training
<input type="radio"/> Electricity, Gas, Water and Waste Services	<input type="radio"/> Financial and Insurance Services	<input type="radio"/> Fishing
<input type="radio"/> Forestry	<input type="radio"/> Health Care and Social Assistance	<input type="radio"/> Information Media and Telecommunications
<input type="radio"/> Manufacturing	<input type="radio"/> Mining – Minerals	<input type="radio"/> Mining – Petroleum
<input type="radio"/> Mining – Other Services	<input type="radio"/> Not Elsewhere Included	<input type="radio"/> Other services (specify below)
<input type="radio"/> Professional, Scientific and Technical Services	<input type="radio"/> Public Administration and Safety	<input type="radio"/> Rental, Hiring and Real Estate Services
<input type="radio"/> Retail Trade	<input type="radio"/> Transport, Postal and Warehousing	<input type="radio"/> Wholesale Trade
Specify other:		
Physical address:		
Town/city:		Postcode:
Postal address <input type="checkbox"/> Same as above		
Postal address:		
Town/city:		Postcode:
PCBU phone number:		PCBU mobile number:
PCBU contact: <small>(first name, last name)</small>		
Email:		
Is the PCBU investigating? <input type="radio"/> Yes <input type="radio"/> No		

**Health and Safety Representative (HSR) details**

There is an HSR working for this organisation <input type="checkbox"/>	They are NZQA qualified to use their powers <input type="checkbox"/>
--	--

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**NOTIFIABLE EVENT INJURY/ILLNESS OR DEATH****Declaration**

☐ I declare that to the best of my knowledge, the information provided in this notification is true and correct.

Full name:  
(first name, last name)

Date:

Designation:

*Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this notification*

**Where to send your completed form**

Print, complete and scan this form, or fill in the PDF version. Once completed, email it to WorkSafe:  
healthsafety.notification@worksafe.govt.nz

If emailing this form is not practical, you may post it to:

The Registrar  
WorkSafe New Zealand  
PO Box 105-146  
Auckland 1143

**Terms**

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## NOTIFIABLE OCCUPATIONAL DISEASE SYSTEM (NODS)

**WORKSAFE**  
 NEW ZEALAND | HAKI KAHUMARU  
 AOTEAROA

Case Number: \_\_\_\_\_  
 (WorkSafe New Zealand use only)

Please complete both sides of this form.

### Applicant details

Name:
Address:
Home phone:
Work phone:
Mobile phone:
Email:
Date of birth: DD / MM / YEAR
Ethnicity:

### PCBU details

Name:
Address:
Postcode:
Description of the work area:

### GP details

Name:
Address:

### Specialist details

Name:
Address:
Who is making this notification?
<input type="checkbox"/> GP <input type="checkbox"/> Self
<input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational health nurse
<input type="checkbox"/> Occupational therapist <input type="checkbox"/> Specialist
<input type="checkbox"/> Union representative <input type="checkbox"/> Hospital
Name and address of person making this notification: (if not self or GP)

### Suspected diseases

<b>Suspected disease:</b> <input type="checkbox"/> Disease caused by a chemical agent (eg lead poisoning; solvent-induced neurotoxicity) <input type="checkbox"/> Disease caused by physical agent (eg noise-induced hearing loss, hand-arm vibration syndrome) <input type="checkbox"/> Disease caused by a biological agent (eg leptospirosis) <input type="checkbox"/> Occupational respiratory disease (eg occupational asthma or an asbestos-related disorder such as mesothelioma, asbestosis, lung cancer, pleural plaques or pleural thickening) <input type="checkbox"/> Occupational skin disease <input type="checkbox"/> Occupational musculoskeletal disorder (Note: a term such as 'OOS' must be accompanied by a precise diagnosis such as 'medial epicondylitis') <input type="checkbox"/> Mental and behavioural illness <input type="checkbox"/> Occupational cancer
Please specify the precise diagnosis and/or causative agent:

WSNZ\_2546\_FEB 17

**WORKSAFE NEW ZEALAND**  
 PO Box 165, Wellington 6140  
 0800 030 040 [www.worksafe.govt.nz](http://www.worksafe.govt.nz)

New Zealand Government

**Consent**

I, the above-named, agree to:

1. An interview, if needed, by qualified WorkSafe New Zealand personnel, to obtain information about my medical, social and work history.
2. Qualified WorkSafe personnel having access to my medical records and investigations, if appropriate.
3. I understand that access to my NODS data is only available to WorkSafe, ACC, myself and my medical providers. Any other request for access to or use of information must be accompanied by my written consent.
4. I understand that this notification may result in a workplace assessment by qualified WorkSafe personnel.

Patient signature:

Date: DD / MM / YEAR



## 4.6 CAA and Worksafe Contact Details

### CAA

<b>Freephone:</b>	0508 472 338 0508 4SAFETY	<b>Email:</b>	<a href="mailto:hsu@caa.govt.nz">hsu@caa.govt.nz</a>
<b>Phone:</b>	+64 4 5609400	<b>Post:</b>	Manager Health and Safety Unit Civil Aviation Authority PO Box 3555 Wellington 6140
<b>CAA WEB ADDRESS</b>	<a href="http://hsu.caa.govt.nz/">http://hsu.caa.govt.nz/</a>		

### WORKSAFE

<b>General enquiries</b>	<b>Report a notifiable event</b>	<b>Raise a work-related concern</b>
<ul style="list-style-type: none"> <li>▪ <b>Freephone:</b> 0800 030 040</li> <li>▪ <b>Email:</b> <a href="mailto:info@worksafe.govt.nz">info@worksafe.govt.nz</a></li> </ul> <p>Our normal business hours are:</p> <ul style="list-style-type: none"> <li>▪ 8.30am – 5pm Monday to Thursday (excluding public holidays).</li> <li>▪ 9.00am – 5pm Friday</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Phone:</b> 0800 030 040 (24 hours)</li> <li>▪ <b>Complete</b> the <a href="#">online notification form</a></li> </ul> <p>Use our <a href="#">Notifiable event tool</a> to find out which work-related events are notifiable and what actions you must take following a notifiable event.</p> <p>Note for statutory notifications, please contact our National Office.</p>	<p>If you have a concern about an <b>unsafe or unhealthy work situation that could lead to a death or serious injury or illness</b>, then you can contact us and raise your concerns.</p> <ul style="list-style-type: none"> <li>▪ <a href="#">Raise a work-related health or safety concern</a></li> </ul>

## **4.7 INJURY MANAGEMENT and REHABILITATION**

We have a duty to ensure that all staff, visitors to the workplace, and contractors and their employees are not harmed or injured or become ill through exposures to hazards in our workplace.

Should an injury or illness occur which results in an employee requiring treatment and time away from normal work patterns, we will take all practicable steps to ensure that the employee can return to work safely at the earliest reasonable opportunity.

Emphasis will be placed on interventions aimed at maintaining injured employees within the workplace or returning them to appropriate employment within a timely and cost efficient manner.

Early intervention is a fundamental component. It should occur at the earliest possible time, consistent with medical judgement, recognising that the workplace is usually the most effective place for rehabilitation to occur.

We will accomplish this through a negotiated process with the employee and if appropriate, the employee's representative, GP, ACC case manager or other person with regard to achieving the best positive outcome.

This process may involve ongoing assessments of the employee's capability and capacity for work, and establishing when a return to work is possible and the types of work that may be suitable for the employees safe and managed return.

The employee and employer must act in good faith throughout the process, and must actively display a willingness to co operate in establishing reasonable and agreed plans for the return to work.

Once established, the plan will be reviewed at agreed stages to test if the plan is still suitable and if necessary to adjust the plan to suit any progress or regression.

- We recognise we have a duty to act in good faith.
- We recognise that the early and safe return to work is the fundamental objective.
- An agreed return to work plan will be established in consultation with the employee, and/or employee's representative, where it is established that a managed process is appropriate.