

**EMPLOYMENT**

**OFFICER/WORKER**

**SUMMARY OF SPECIFIC DUTIES**

*Under the terms of the Health and Safety at Work Act 2015*

**PCBU (Person/s Conducting a Business or Undertaking) – An individual or an organisation in the control of the workplace must:**

* Ensure, so far as is reasonable 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’.
* Take all practical steps that people in the place of work, or in its close vicinity, are not harmed by any hazard that arises from work activities.

**Officers must:**

* Take all practical steps to provide a safe place of work, and in doing so:
* Identify significant hazards (physical, chemical, biological, ergonomic).
* Have controls in place to: eliminate or minimise the effects of those hazards.
* Provide training and supervision where necessary.
* Keep a register of accidents, and also a register of 'near misses' that have potential to cause harm.
* Report any “Notifiable Events” to WorkSafe within 24 hours, and follow that up with a written report to WorkSafe within 7 days.
* Have an emergency plan in place.
* Regularly review the workplace to ensure hazard control measures are effective. (This could be included in agenda for regular Worker/team meetings)

**Workers must:**

* Take all practical steps to ensure their own safety while at work.
* Take all practical steps to ensure that while they are at work, no action or inaction on their part causes harm to any other person.
* Not knowingly expose themselves, or others, to harm.

**Self-employed - persons must:**

* Ensure no action, or inaction, you take while at work, harms either yourself or any other persons.

**NEW WORKERS - INDUCTION PROCEDURE**

Your Health and Safety Policy and Code of Conduct should be an integral part of the whole business. It should be part of pre-employment advertising, the interview process, a part of the employment contract and job description, on the agenda at any formal business meetings, and constantly reviewed as circumstances change.

It is important that new Workers are made familiar with the Business's Health and Safety Policy and Code of Conduct at the start of their employment. With this in mind, all new Workers, as part of this policy should be:

* Made familiar with the Business's Health and Safety Policy and Code of Conduct.
* Shown any hazard that they may be exposed to while carrying out their work duties. (Physical, chemical, ergonomics, psychological) and shown how to minimise the effects of these hazards, to themselves and others.
* Shown that they will be expected to be involved in the Health and Safety process; identifying and recording hazards, and reviewing existing Risk Control measures.
* Advised of the location of, the necessity for, and the use of protective clothing and equipment.
* Advised of, and shown the emergency procedures that the Business has in place, and the location of the first aid kit.
* Made aware that they have the responsibility to record all workplace accidents and near misses, in the accident register.
* Recorded induction documentation must be retained as induction evidence.

Workers may be asked to give permission for the employer to monitor their health or exposure to a hazard, on the basis that the results of any such monitoring are made available to the Employer, and not disclosed to any other Worker or group.

**WORKER PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Phone Number:** |  |
| **Date of Birth:** |  | **Mobile Number:** |  |
| **Address:** |  | | |
|  | | |
| **Email:** |  | |  |
| **Emergency Contact:** | | | |
| **Name:** |  | **Phone Number:** |  |
| **Address:** |  | | |
|  | | |
| **Drivers Licence Number:** |  | **Licence Class/Endorsements:** |  |
| **IRD Number:** |  | **Tax Code:** |  |
| **Bank Account Number:** |  | |  |
| **Deductions:** |  | | |
| **Date of annual holidays anniversary** |  | **Date of sick leave anniversary** |  |
| **Allergies/Conditions** |  | | |
|  | | |
| **Other Relevant Information:** |  | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Held:** | **Start Date:** | **Finish Date:** | **Salary:** | **Employment Agreement Signed and Filed (✓ / X )** |
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**INDUCTION CHECKLIST**

The following checklist can be used to make sure all the relevant topics have been covered with the Worker. Tick off task as it is completed.

|  |  |
| --- | --- |
| **PERSONAL INFORMATION** | |
|  | Bank Account number |
|  | Inform Worker of pay amount, pay method, pay frequency |
|  | Tax declaration form |
|  | House set up- power and phone connection (if applicable) |
|  | Employment contract signed |
|  | Overseas Work Permit (if any) |
| **BUSINESS INFORMATION** | |
|  | Business Policy Manual |
|  | Business Goals, Values and Culture |
|  | Hours of Work |
|  | Time Recording |
|  | Dress/ hygiene standard |
|  | Leave policies and procedures |
|  | Business and work place maps |
|  | Business tour – water lines, boundaries, taps, power |
| **HEALTH AND SAFETY** | |
|  | Health and Safety Manual |
|  | Health and Safety Policy and Code of Conduct signed |
|  | Business tour and hazard identification |
|  | Accident Reporting Procedure |
|  | Emergency Procedures |
|  | First Aid Kits |
|  | Fire Safety Equipment |
|  | Visitor Policy |
|  | Cellphone Policy |
|  | Drug and Alcohol Policy |
|  | Issue Personal Protective Equipment |
| **PEOPLE INVOLVED IN BUSINESS** | |
|  | Meet Business owner/ other people living on the Business |
|  | Meet other Business Workers. Discussion of roles and responsibilities |
|  | Meet the neighbours |
|  | Business contacts – suppliers, consultant, landowners |
| **BUSINESS TASKS** | |
|  | Discuss Job Description |
|  | Identifying training needs and develop a training plan |

**INDUCTION ACKNOWLEDGEMENT**

**The purpose of this agreement is to ensure that all Workers of and the Manager of Name of business clarify and give regard to their respective responsibilities under the** **Health & Safety at Work Act 2015.**

While it is impossible to indemnify both parties from all liability, a commitment is given by those who sign this document that they have addressed, discussed and understand the essential steps required to be taken towards Health & Safety risk management.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WORKER NAME: |  | | | | | | **DATE:** |  |
| OWNER/MANAGER: |  | | | | | | | |
| IRD NUMBER: |  | | | | | | | |
| WRITTEN EMPLOYMENT CONTRACT: | | | SIGNED | | YES | NO | circle | |
| JOB DESCRIPTION: | | SIGNED | | | YES | NO | circle | |
| CODE OF CONDUCT: | | SIGNED | | | YES | NO | circle | |
| BUSINESS HEALTH AND SAFETY POLICY VIEWED? | | | | | YES | NO | circle | |
| **WORKPLACE INTRODUCTION** | | | | **EMERGENCIES** | | | | |
| *I have been shown/ introduced to:* | | | | *I am familiar with:* | | | | |
| □ My supervisor / manager | | | | □ The location of the property | | | | |
| □ The team I’ll be working with | | | | □ Where fire extinguishers / first aid kits are located | | | | |
| □ My key jobs, tasks and responsibilities | | | | □ The emergency procedure for this Business | | | | |
| □ The work area, toilets, meal time arrangements | | | | □ Who the first aiders are if required | | | | |
| □ The general layout of the Business & given Business map | | | | □ Where to assemble in an emergency | | | | |
| □ Business Procedures | | | | □ Who I report to………………………………. | | | | |
| □ Vehicles, machinery and implements | | | | □ Where the phone is located | | | | |
| □ Where to make phone calls and collect messages | | | | □ Medic Alert Number (if applicable) | | | | |
| **EMPLOYMENT CONDITIONS** | | | | **HEALTH AND SAFETY** | | | | |
| □ Work times and meal breaks | | | | *I have been shown and had explained:* | | | | |
| □ Rates of Pay and how payment is made | | | | □ How to do my job safely including the use of guards and other safety equipment | | | | |
| □ Leave entitlement | | | | □ The hazards involved with doing each task at this b | | | | |
| □ Sick leave and who to call if sick | | | | □ What the controls are for these hazards | | | | |
| **INCIDENTS AND INJURIES** | | | | □ Safe working procedures | | | | |
| *I know how to report* : | | | |  | | | | |
| □ Injuries | | | | *I know:* | | | | |
| □ Near hits/ near misses | | | | □ My responsibilities as a Worker | | | | |
| □ I report to……………………………….. | | | | □ Who and how to report health & safety issues | | | | |
|  | | | | □ Where health and safety information is kept | | | | |
| **Signed By Employer/ Owner/ Manager:** | | | |  | | | | |
| **Signed By Worker:** | | | |  | | | | |