

**CONTRACTOR INDUCTION
CHECKLIST**

Issue Date: 15/11/21
Issue Number: HSE01-FRM01
Revision: 14



Company Name: _____

Date: _____

Contractor Name: _____

Job title: _____

NIWA Vessels

Representative: _____

Position: _____

PLEASE TICK THE APPROPRIATE BOX

Do you have any medical condition or are you taking any medication that may cause safety concerns, or increase the likelihood of a medical incident? If yes, please indicate what the medical condition is:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please acknowledge that you have been advised of the Permit to Work System in use on the vessel and the requirement to complete the permit before starting work and on completion or at the end of each day.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please acknowledge that you are aware of the ship's "Tag Out/Lockout" system and the need to notify the Chief Engineer and record each instance in the "Tag Out" Log Book located in the Engine Room.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been made aware of the location of ship emergency plan on each deck showing emergency escapes routes and firefighting equipment in your area of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please acknowledge that you have been briefed on the emergency procedures in place aboard the vessel and instructed what to do should you hear the ships general alarm sounding. Upon hearing the ships alarm leave the work area immediately and assemble at the emergency muster point at the top of the gangway.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please acknowledge that you understand the requirement to wear safety shoes when on board and the additional obligation to wear a hard hat and hi-vis vest whilst on deck or on the wharf adjacent to the vessel. Note Other PPE, such as safety glasses, hearing protection, harnesses and fall protection for working at height may be required depending on the activities/tasks being undertaken.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please acknowledge that you understand the requirement to ensure all accidents, incidents, hazards and near misses are reported and that you have been informed of First Aiders in the vicinity, the location of the First Aid Station and the Accident/Incident/Hazard reporting procedure.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please acknowledge that you understand the requirement to "Sign In and Off" by placing your ID card in the card holder at the top of the gangway and removing it when you leave the ship. Note: This is not required if leaving the vessel to obtain items from vehicles parked on the wharf adjacent to the ship.	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Please acknowledge that you understand that meals will not be provided on board unless by prior invitation from NIWA Vessel Management Ltd. You are however able to access the “Tangaroa Mess” for hot drinks during your meal/smoko breaks. Please remove overalls and work boots before entering the mess and ensure that you are wearing clean clothing. We ask that you please use the tables and seating on the inboard side of the mess.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><i>All Employees, Contractors and Voyage Participants, regardless of rank or position have an obligation to “Stop the Job” if they believe it is unsafe or fails to meet NIWA’s Health, Safety & Environmental Standards.</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

INDUCTION QUESTIONNAIRE

1. Where is the Muster Station?	
2. What is the minimum PPE required on the trawl deck?	
3. Is the internal emergency exit shaft forward or aft on the ship?	
4. Where are the Hazard and Done It cards located?	
5. Who do you report hazards, incidents and accidents to?	
6. Where is the defibrillator located?	

I acknowledge that I have seen the contractor safety induction video. I have read, understood and agree to follow all safety information and instructions supplied to me as part of this induction process. I will follow all other reasonable instructions and relevant safety procedures during the course of my work.

Contractor Name: _____ **Signature:** _____

Induction tour completed (for new contractors)? YES / N/A

Added/updated in contractor register? YES / N/A

Relevant qualifications received and filed? YES / N/A

<p><i>If yes, please list qualifications received?</i></p>
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THIS INDUCTION WILL EXPIRE AFTER 12 MONTHS