**Motuihe Trust**

**Occupational Health and Safety**

**Forms Manual**



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# Guide for Users

The Motuihe Trust has created a health and safety manual to assist management and staff to ensure that there are no accidents in the workplace and to assist Team Leaders and the Committee to comply with the basic requirements of the law.

We have created some forms that are part (and have been separated from the manual). The manual contains the process/instructions what we can describe as the recipe. The forms are what Team Leaders will need to use some week to week or month to month.

Please do not change the contents of forms. Make a recommendation to the Committee to change something and we will always value suggested improvements.

If you have any questions, comments or suggestion then contact. Bruce Gulley, OH&S Services Ltd, Phone 021 756 551, [bruceg@ohsservices.co.nz](mailto:bruceg@ohsservices.co.nz)

# Health and Safety Policy

The Motuihe Trust will carry out its operations with every effort made to protect the Health and Safety of volunteers, stakeholders and contractors.

The Trust, with regular stakeholder input and review, will establish a safe working culture and strongly encourage safe working practices when people are undertaking tasks for the Trust. The Trust is committed to meeting and complying with the relevant legislative standards.

All Team Leaders are expected to manage the safety of their tasks and ensure that the volunteers are trained and managed to acceptable safety levels.

Volunteers and contractors will be required to comply with the safe working procedures which apply to their tasks.

Accident reporting and investigation is an integral part of the Trust’s procedures and will be encouraged. Accidents will be reviewed by the Health and Safety Committee. Health and Safety is included on every agenda for monthly Trust Board meetings and Operations Group meetings where any incidents, near misses, trends, improvements, and health and safety goals will be discussed, minuted, and actioned.

The Trust will strive to continue to improve health and safety. Safety is the responsibility of every individual.

Chair

Motuihe Trust

March 2025

The Motuihe Trust

## H&S Tasks and Timetable

|  |  |
| --- | --- |
|  | **Timing Each Year** |
| Ensure the H&S Manual is up to date and reviewed within last year | October |
|  |  |
| Update and review H&S Plan annually | October |
|  |  |
| Ensure accidents are being recorded and investigated | Ongoing |
| Undertake six monthly review of accident data | Apr & Oct |
|  |  |
| Annual review of hazard/risk registers | October |
| Annual review of procedures | October |
| Documented six monthly assessments of island completed. Discussed at following Committee meeting. | Mar & Sept |
| Annual reviews of kiosk completed, and discussed at April H&S Committee meeting. | Apr |
|  |  |
| Check emergency drill has been completed during an overnight stay | Oct |
|  |  |
| Check H&S inductions for staff and contractors are carried out | Ongoing |
| Update Training records annually, and review training requirements (including first aid and chemical training) | October |
|  |  |
| H&S Discussions at all Trustee meetings | At all Trustee meetings |
|  |  |

## Health and Safety Plan

Health and Safety Plan will be developed each year.

**Health and Safety Objectives and Plan 2024**

**Objectives**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Objective** | **Responsibility** | **Measure** | **Target Date** | **Achieved** |
| 1 | To ensure that our work areas maintain appropriate H&S standards | The Committee | Positive and completed inspections | March 24 & Sept 24 | May 24 &  Sept 24 |
| 2 | To ensure that correct Food Safety Procedures are maintained in the Kiosk | The Committee | Positive Inspections | Dec 24 – Feb 25 (review Apr 25 meeting) | Done but not recorded |
| 3 | Ensure that we have a completed induction and training record for volunteers and contractors | Committee and H&S Consultant | Completed documents | October 2024 | Sept 24 (site assessment) |
| 4 | Review and update the hazard register | Committee and H&S Consultant | Completed documents | October 2024 | Feb 25 |
| 5 | Undertake an annual review of the programme | Committee and H&S Consultant | Completed process | October 2024 | Feb 25 |

Some tasks were delayed due to the ill health of a family member of one of the committee.

**Health and Safety Objectives and Plan 2025**

**Objectives**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Objective** | **Responsibility** | **Measure** | **Target Date** | **Achieved** |
| 1 | To ensure that our work areas maintain appropriate H&S standards | The Committee | Positive and completed inspections | March 25 & Sept 25 | Feb 25 |
| 2 | To ensure that correct Food Safety Procedures are maintained in the Kiosk | The Committee | Positive Inspections | Dec 25 – Feb 26 (review Apr 26 meeting) |  |
| 3 | Ensure that we have a completed induction and training record for volunteers and contractors | Committee and H&S Consultant | Completed documents | October 2025 |  |
| 4 | Review and update the hazard register | Committee and H&S Consultant | Completed documents | October 2025 |  |
| 5 | Undertake an annual review of the programme | Committee and H&S Consultant | Completed process | October 2025 |  |
| 6 | Update Manual after current Government review. | Committee and H&S Consultant | Completed process | December 2025 |  |

In order to achieve this plan, we will

* Review the Health and Safety Manual annually
* Retain OH&S Services as our Health and Safety Consultant.
* Review and update the hazard register annually
* Conduct regular H&S assessments

Motuihe Trust

## Site Assessment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location**: | Woolshed and Island | | | **Date of Inspection:** |  |
| **Name/s of Person Inspecting:** | | |  | | |
| **Leaders Present** | |  | | **No of Volunteers** |  |

| **Check** | **Yes** | **No** | **NA** | **Comments** |
| --- | --- | --- | --- | --- |
| **Management** |  |  |  |  |
| Have Health and Safety Procedures including hazard/risk register been reviewed in the past 12 months? |  |  |  |  |
| Has there been a workplace inspection in the past 6 months? |  |  |  |  |
| Have the kiosk operating instructions been reviewed in the past 12 months? |  |  |  |  |
| Is there an accident report form available in the woolshed? |  |  |  |  |
| Are accidents/incidents being reported and reviewed to identify issues and trends? |  |  |  |  |
| Have objectives been planned, reviewed and monitored in the past 12 months? |  |  |  |  |
| Has H&S been discussed at Trustee Committee meetings? |  |  |  |  |
| Is the Health and Safety Logbook available in the Woolshed? |  |  |  |  |
| Is the logbook being used? |  |  |  |  |
|  |  |  |  |  |
| **Emergency Management** |  |  |  |  |
| Are Fire Extinguishers in place, marked & recently serviced? |  |  |  |  |
| Have smoke alarms been checked? |  |  |  |  |
| Are there facilities to deal with an emergency? Mobile phone, fire extinguisher etc. |  |  |  |  |
| Is there a first aid kit available? |  |  |  |  |
| Has an emergency evacuation drill been carried out in the last year? |  |  |  |  |
| Have the roller door and sliding doors been checked to ensure they open easily? |  |  |  |  |
| Is there an easy escape path through the bush outside the roller door? |  |  |  |  |
|  |  |  |  |  |
| **Safety Equipment** |  |  |  |  |
| Is there PPE available? |  |  |  |  |
| Are staff wearing safety equipment including high visibility as required? |  |  |  |  |
|  |  |  |  |  |
| **Chemicals and Fuel** |  |  |  |  |
| Are there Safety Data Sheets (SDS) for chemicals? |  |  |  |  |
| Are chemical containers clearly labelled? |  |  |  |  |
| Is there an inventory of chemicals other than household products? |  |  |  |  |
| Is there evidence of training staff to use chemicals? |  |  |  |  |
| Is the Chemical Use Record being completed? |  |  |  |  |
| Is fuel stored safely? |  |  |  |  |
| Is there appropriate signage in place? |  |  |  |  |
| Are LPG cylinders secure? |  |  |  |  |
|  |  |  |  |  |
| **Electrical** |  |  |  |  |
| Check no broken plugs, sockets or switches. |  |  |  |  |
| Check no frayed or damaged leads. |  |  |  |  |
|  |  |  |  |  |
| **Storage and Work Areas** |  |  |  |  |
| Are materials stored in shelves and bins wherever possible? |  |  |  |  |
| Are floors around shelving clear of rubbish? |  |  |  |  |
|  |  |  |  |  |
| **Induction and Training and Documentation** |  |  |  |  |
| Have volunteers been inducted? |  |  |  |  |
| Is there evidence of briefings to workgroups and volunteers? |  |  |  |  |
| Have volunteers been trained on chemical management and use? |  |  |  |  |
| Is the Health and Safety Procedures Manual available? |  |  |  |  |
|  |  |  |  |  |
| **Tractors and Quadbikes** |  |  |  |  |
| Does the tractor have a ROP (roll-over protection)? |  |  |  |  |
| Is the seat belt functional and are volunteers using seat belt? |  |  |  |  |
| Is there emergency communication equipment available? Mobile phone, RT |  |  |  |  |
| Are volunteers observed using tractor safely? |  |  |  |  |
|  |  |  |  |  |
| **Contractor and Visitor Safety** |  |  |  |  |
| Are there examples of contractor inductions? |  |  |  |  |
| Is there a list of approved contractors? |  |  |  |  |
| Are there any contractors on the site on the day of the inspection?  Name |  |  |  |  |
| Are they working safely? |  |  |  |  |
| Have they been inducted? |  |  |  |  |
|  |  |  |  |  |
| **Kiosk** |  |  |  |  |
| Are food safety procedures being observed? |  |  |  |  |
|  |  |  |  |  |
| **Site Safety** |  |  |  |  |
| Are risks/hazards at the site being managed appropriately? |  |  |  |  |
| Is there any evidence of drug or alcohol impairment among volunteers? |  |  |  |  |
| Are there any other issues? |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Deficiencies requiring Action** | **By Whom** | **Date for Completion** | **Task completed How?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Assessment carried out by**

**Reviewed Bruce Gulley**

**Bruce Gulley**

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**OH&S Services Ltd**

## The Assessment of Risk Table

Risk is assessed based on following table from ISO 17776

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Consequence** | | | | **Increasing Priority** | | | | |
| **S severity rating** | People | Environment | Assets | Reputation | **A**  **Rarely occurred in Industry** | **B**  **Happened several times in industry** | **C**  **Has occurred in Company** | **D**  **Happened several times per year in Company** | **E**  **Happened several times per year at location** |
| **0** | **Zero Injury** | **Zero Damage** | **Zero Effect** | **Zero Impact** | **Low Risk**  **Manage for continual improvement** | | | | |
| **1** | **Slight Injury** | **Slight Damage** | **Slight Effect** | **Slight Impact** |
| **2** | **Minor Injury** | **Minor Damage** | **Minor Effect** | **Limited Impact** |  | | |  | |
| **3** | **Major Injury** | **Local Damage** | **Local Effect** | **Considerable Impact** |  | | **Medium Risk** | |  |
| **4** | **Single Fatality** | **Major Damage** | **Major Effect** | **Major National Impact** |  | **Incorporate risk-reducing measures** | | **High Risk**  Intolerable | |
| **5** | **Multiple Fatalities** | **Extensive Damage** | **Massive Effect** | **Major International Impact** |  | | **Fail to meet screening criteria** | | |

| Motuihe Trust Hazard/Risk Register | | | | |
| --- | --- | --- | --- | --- |
| **Working on Island** **Date:** Reviewed February 2025 | | | | |
| **Task/Item/Process** | **What Can Cause Harm** | **Possible Outcomes** | **Risk** | **Management**  **Eliminate, Substitute, Isolate and Engineering Controls, Administrative Controls and/or PPE** |
| Alcohol, Drug impairment | Physical or verbal abuse from public, or from volunteers | Mental abuse, bad behaviour, bruises | Low | If a volunteer is impaired then Team Leader to stand down the volunteer. If member of public is impaired then volunteers should remove themselves from the impaired or if necessary call for assistance from other volunteers or the DOC ranger if available.  Training to be provided to assess impairment and actions required to keep safe. |
| Vehicle use - general | Lose control of vehicle, collision. Brake failure, fatigue. Goods moving inside vehicle causing injury. | Crushing  Broken Bones  Death | Medium | Drive to conditions within speed limits (20km/hr).  Ensure the potential for fatigue is managed by recognising fatigue and observing safe driving hours.  Vehicle to have first aid kit.  Fire extinguishers must be carried in vehicles.  Secure loose gear that is inside the vehicle or tie down on vehicle deck. |
| Adverse weather (rain, cold, storm) | Wind, cold, glare, rain (flooding), lightning storm, hail. | Hypothermia, frostbite | Low | Prepare for adverse weather.  Carry extra clothing and shelter if required.  Ensure adequate water supply.  Use weather forecasts to aid decisions prior to and during the field trip.  Be aware of the effect that adverse weather can have on topography and other aspects of the work sites.  Share the workload and monitor team members  Ensure that emergency shelter is available.  Provide hot drinks if appropriate. |
| Adverse weather (sun, heat) | Exposure to direct sunlight/UV. | Heat exhaustion. Radiation/dehydration/hyperthermia | Low | Expect adverse weather and be prepared for it. Ensure adequate water supply, and if appropriate sunscreen and hat.  Use weather forecasts to aid decisions prior to and during the field trip.  Share the workload and monitor team members.  Have sun block available |
| Bird & wildlife monitoring | Wildlife | Harm from catching equipment/  techniques. Infection/ disease from bird bites, scratches & punctures. | Low | Ensure staff are familiar with the animals encountered and their habits. Cover broken skin before handling wildlife and clean hands thoroughly with antibacterial wipes/lotion after handling wildlife.  Team trained in techniques and equipment use prior to undertaking catching or telemetry work. |
| Food services, food preparation, safety in the kitchen | Unhygienic food preparation | Food poisoning, burns and cuts | Low | Take care with sharp objects and hot equipment.  Ensure electrical appliances are all compliant. Limit number of people if necessary.  Ensure proper hand cleaning is available, including anti-bacterial soaps and towels (prefer paper) in washrooms.  Regular checking that the kitchen area is clean. |
| Kiosk Operation | Kiosk Volunteers can be harmed by members of public who are impaired by alcohol, drugs, Covid.  By burns from preparation of tea and coffee | Mental and physical abuse, virus causing sickness or death.  Burns | Low | No one other than Kiosk volunteers may enter Kiosk. Follow Covid Policy. Wear masks, wash hands. Close Kiosk if circumstances cause concern to safety.  Follow training guidelines, Follow normal every day hot water kitchen practices.  Kiosk volunteers will be monitored regularly to ensure they are following Kiosk operating procedures  See Motuihe Kiosk section below for detail of Kiosk Operation and training |
| Guided walks | Terrain  environment | Getting lost  Slips and falls | Low | **This programme is currently suspended**  One guide is required per party  Take a first aid kit  Monitor weather.  Carry a mobile phone  Guide to give verbal briefing to all participants on the plan, the time to be away, hazards and what to do if lost.  Conduct periodic counts for all present. |
| Guiding at night | Slipping and falling. Lost | Hypothermia  Exposure | Medium | Carry torch, spare bulb and batteries. Assess local conditions and thoroughly plan night route. Always advise other members of the party if moving away from them. Carry communication. Team members to be well equipped with warm clothing. |
| Visitor access to woolshed when volunteers absent | Access to equipment and chemicals | Personal injury | Low | Internal areas of woolshed, tool shed and chemical store are locked when volunteers are absent |
| Manual Handling | Incorrect use of tools or lifting | Sprains and strains. Crushing. Slips, twisting, compression. | Low | Minimise the need for lifting heavy loads by choice of equipment, position of equipment.  Seek assistance when lifting heavy or awkward loads.  Use wheelbarrow or other mechanical device.  See Manual Handling guidelines http://www.osh.govt.nz/order/catalogue/pdf/manualcode.pdf |
| Wasp, bee, insect stings | Wasps  Hives | Allergic reaction, anaphylactic shock etc. | Low | Volunteers may use insect repellent.  Specific prescribed antihistamines to be carried by any individuals with a known history of allergic reaction. Identify at risk team members at team briefing - allergies, likely reactions, appropriate medication and treatment prior to departure.  Use caution near any areas with bee or wasp nests and stay away from nests.  Where possible avoid areas or times of year when wasp activity is high.  The first aid kits should have antihistamine tablets that can be self-administered |
| Working alone | Environment | Injury, lack of assistance and/or treatment, lost | Medium | At all times carry mobile phone.  Advise DOC Ranger that you are present on the island.  Maintain scheduled check in times and always leave intended locations/routes and ETA at base or with team leader. Check weather. Carry first aid kit. Ensure you are trained in task being undertaken and competent to work alone. |
| Hand Tool Use | Use of a variety of hand tools including manual/electric screwdrivers, hammer, grubber etc. Heavy objects. Sharp blades/objects. Flying objects  Extended use (loss of control) | Lacerations  Vibration  Impacts/bruising  Entanglement | Low | Recommended relevant PPE includes gloves, safety boots, overalls, leg protection and protective glasses if considered necessary by supervisor. Be aware of the location of others and work at least 3 metres apart. Do not carry tools over the shoulder. Correct sharpening procedure to be used and tools maintained regularly. Where necessary, warning signs in area of operations where public have access. Check for loose heads on axes, slashers etc. |
| Chainsaw | The Chain | Laceration  Amputation | Medium | Must wear all appropriate safety clothing including helmet, gloves, chaps.  Must be trained and have completed recognised chain saw safety course |
| Angry members of public | The person | Bruising | Low | Remove yourself from the situation as soon as possible  Do not argue  Report issue to Ranger |
| Transport by boat | Vessel | Drowning, capsize, hypothermia | Low | Follow the instructions of the skipper. Preferable that a safety briefing is given by skipper before travel. Wear appropriate safety equipment, especially lifejacket if required. Have knowledge of emergency procedures. Ensure a responsible person (or agency) is notified of intentions. |
| Accessing Island from boat (wharf and beach landings) | Slippery and uneven surfaces | Slips and falls resulting in injury | Medium | **Wharf –** wear shoes with good grip and walk on raised strips of decking (avoid the centre of the wharf)  **Beach landings –** bring additional footwear that can get wet. Avoid walking on the ramp below the woolshed (the ramp is covered with marine growth) |
| Accessing Island from boat (ramp below woolshed) | Slippery surface even when dry | Slips and falls resulting in injury | Medium | Avoid walking on the ramp when dismounting at this location. Even though the ramp is regularly cleaned, it may be covered with marine growth and doesn’t appear to be obviously slippery. |
| Tractor driving | Falling off  Being run over  Roll over | Death  Crushing  Fractures | Medium | Trained driversonlyare permitted to operate tractor.  Drivers are assessed/trained using a form in this manual. This document highlights the controls.  There is an approved list of drivers in the competency register. |
| Riding on tractor or trailer | Falling off  Being run over  Roll over | Death  Crushing  Fractures | Medium | Nobody other than the driver is to ride on the tractor.  Passengers only permitted in designated trailer see below. |
| Riding on tractor Sheep crate | Falling off  Being run over | Death  Crushing  Fractures | Medium | If passengers are carried the rear gate must be securely closed at all times when the tractor is moving |
| Using tractor implements | The equipment  Entrapment  Flying material | Burns  Lacerations  Eye injury | Medium | Only authorised driversare permitted to operate tractor mounted motorised equipment. Other people to be kept clear of this equipment in operation, especially mower. PTO safety procedures to be followed |
| Using handheld motorised equipment eg weed eaters, pole saws | The equipment  Entrapment | Burns  Lacerations  Various | Low | Only approved usersare permitted to operate handheld motorised equipment. Protective clothing must be worn. Specific training system is in place to sign users off to use motorised equipment. |
| Plant poisoning | The Product | Poisoning | Low | Ensure volunteers are aware of risks  Wear appropriate safety equipment as per training. |
| Spray chemicals | The product  Spray drift | Poisoning  Skin damage | Low | All persons using spray chemicals to hold a Growsafe certificate, or work under the supervision of a person holding a Growsafe certificate. Protective clothing to be used by all persons using spray chemicals.  Wear appropriate safety equipment for the task and chemical   * Face shield or mask * Gloves * Sturdy footwear * Long pants and long sleeved shirt or overalls |
| Tool shed | The equipment inside | Various | Low | Tool shed to be kept locked. Team leaders or DoC Ranger only to authorise access. |
| Chemical shed | Chemicals inside | Poisoning  Skin damage | Low | Bulk chemicals are locked inside cabinet inside shed, which remains locked at all times (chemical shed may remain unlocked when volunteers are on the island for ease of access to weeding tools).  Bottles containing weeding paste contain only small amounts which would be difficult to accidentally ingest, so these bottles may remain outside of the locked chemical cabinet (but inside the chemical shed). |
| Steep cliffs | Falling | Death  Fractures  Crushing | Medium | Identify and keep clear of bluffs and steep hillsides ending in bluffs. Fence lines along cliffs to be retained. With a party of more than 2 persons a person must be appointed to identify hazard and warn people to stay away from the edge of bluffs. Children may not participate in Motuihe Project working parties working on/near steep ground. |
| Abseiling | Falling | Death  Fractures  Crushing | Medium | Unless specifically approved by the Committee volunteers are not to be engaged in abseiling.  Only contractors approved by the Trust are to undertake abseiling.  Any volunteers are approved they must have appropriate certification and be approved by the Trust. |
| Tree Climbing | Falling | Death  Fractures  Crushing | Medium | Do not climb trees. This is not an activity to be undertaken by volunteers. The risk profile is not acceptable.  Can be completed by approved abseilers. |
| Walking off marked tracks | Slip trip fall | Bruising  Fracture | Low | Wear Suitable Footwear.  Where hidden hazards are known to exist identify them  In a party of more than 2 a person must be appointed to identify hazards, and to encourage the wearing of suitable footwear.  Children may not participate in Motuihe work parties away from marked tracks unless supervised by a parent or other adult responsible for their safety |
| Using/removing nails, staples or wire | Wire springing back  Standing on nails | Lacerations  Infections  Tetanus  Eye injuries | Low | Pick up nails, staples and wire to avoid creating hazards. Remove, hammer flush or bend over to eliminate hazard. Wear appropriate footwear. Where more than a party of 2 is involved, one person must be appointed to brief party members on the need for this and encourage any injured people to check the need for a tetanus vaccination with a doctor. Where potential for eye injuries, safety glasses to be worn. |
| Using Potting Mix | Inhalation of the spores | Allergic reaction affecting breathing. Can cause Legionellosis. | Low | Use a dust mask when using potting mix  Read the safety instructions on the bag  Damp the product if appropriate  Wash hands after using. |
| Fire or Bush Fire | The Flames or smoke | Burns  Asphyxiation  Death | Low | Control ignition sources around fuel  Ensure people know the evacuation assembly points  The Wharf  The Beach at the southern end  The Ranger Station |

|  |  |
| --- | --- |
| **Hazards and Risks for Visitors to Motuihe Island**  **(up-dated March 2025)** | If you are planning to visit Motuihe Island as a volunteer with the Motuihe Trust please read the following important health and safety messages. Leaders and organisers of group visits, please ensure that your entire group has read this information. Please, come prepared for working outside in a remote environment. |
| **Risks or Hazards** | **What you do about it** |
| Accessing island from boat – slippery and uneven surfaces. | **Wharf-** wear shoes with good grip and walk on raised strips of decking (avoid the centre of the wharf especially when wet).  **Beach landings-** bring additional footwear that can get wet  **Ramp-** avoid walking on the ramp below the woolshed. This ramp is often covered in marine growth which is not immediately obvious. |
| Weather (sun/heat, rain/cold/ storm) | Wear/bring appropriate clothing for the island and boat transport (sunhats/sunscreen; wet weather gear, sweater). For all teams working out in the field we advise the use of hiking shoe/boots with good tread.  Weeders should wear long pants and long sleeves for protection. |
| Slips (landslides), track blockages | Keep clear; Do not approach; Alert us to any unmarked slips. |
| Dehydration | Bring bottled water. Drink plenty of water – before you get thirsty. There are no shops on the island but water bottles can be re-filled with filtered water at the woolshed. There is electrolyte in first aid kits if needed. |
| Isolated work places | Don’t work on your own; don’t go off on your own.  Keep an eye on the members of your group/family. |
| Exhaustion/tiredness | Don’t overdo it; work at your own pace; take a break |
| Uneven surfaces | Wear sturdy footwear; take your time; check before you go; move carefully. Stick to marked tracks unless with a planting, weeding or monitoring group. |
| Sharp branches at eye-level through in-fill areas | Wear glasses as you move through in-fill areas. Borrow safety glasses from woolshed if you don’t have your own. |
| Steep cliffs | Keep to marked tracks unless with a weeding/planting group. Keep clear of cliffs, bluffs and steep hillsides – be aware of overhanging cliffs. |
| Tree climbing | Do not climb trees. |
| Fire | No open fires allowed on the island. Closely monitor all gas BBQs.  No smoking at woolshed or out in the field. |
| Injury or poisoning from using planting, weeding and trimming equipment. | Please listen carefully to and follow instructions of Team Leaders giving safety briefings for each different work task. |
| Limited toilet facilities - main block is by the wharf. | Make use of the facilities by the wharf or at the woolshed before heading out in the field. There is a flush toilet at the woolshed (our work base.) |
| Emergency | Call 111. Know the phone number of your group leader and the Motuihe Ranger (027 437 2576). Motuihe Trust group leaders carry a mobile phone.  Ensure you have given your group leader, or us, your emergency contact details. A defibrillator is at Toilet block on headland. |
| Undertaking special tasks such as pole saw, tractor driving, cleaning solar panels, chain saw | Only authorised and trained volunteers are allowed to undertake tasks that might have a higher risk. Check with the coordinator or a member of the committee. |
| Allergic Reactions | Volunteers should bring their own medications to the island (eg inhalers) for asthma, antihistamine for bites and stings. Alert supervisor to potential risk or allergy if appropriate. The first aid kit should have antihistamine tablets that can be self-administered. |

## Tractor Driver Approval and Experience Forms

**Tractor Driver Approval Form**

Name of Tractor Driver …………………………………………. Phone………………….

Tested/Approved by ……………………………………. On Date ………….

This document confirms that …………………………………………………………………….

* Has completed and passed NZQA training and completed knowledge and practical competency tests and is therefore authorized by Motuihe Trust to operate the Motuihe Trust owned tractor in accordance with the following conditions.

Or

* Is in the process of completing NZQA training and is approved to learn to drive tractor under supervision.

1. The Tractor Driver has demonstrated knowledge and understanding of the contents of Worksafe documents “Safe Use of Tractor-Guidelines” and “Safe Use of Tractors on Farms”
2. Seat belt must be used at all times
3. Maximum number of passengers allowed in carryall tray
4. Type of passenger allowed to be carried in carryall tray

Public Yes/No; Volunteers Yes/No; Contractors Yes/No Use of Trailer Yes/No

1. Use of Front-End Loader Yes/NO
2. Use of PTO Yes/No
3. Tractor Logbook completed for every use
4. Tractor maintenance issues to be reported to Motuihe Trust immediately
5. Motuihe Health and Safety Manual, tractor manufacturers manual, and relevant legislation and regulations must be adhered to at all times
6. An incident report must be completed and submitted as soon as practical to Motuihe Trust recording any breaches of the above conditions.
7. Driving tractor restricted to Track/Road grades. Speed limit is 20km/hr on island.
8. Understands the need to undertake a visual inspection of the tractor before the first use of the day.

Signature of Approver……………………………… Date …………………………

Signature of Tractor Driver ……………………… Date……………….…………

Track Grades

Grade A Cemetery to Dam/4 Water tanks on metal road only

Grade B Wharf Road, Dam to first track intersection past Trig, Dam to Calypso Water Tank

Grade C Grass Tracks other than Grades D and E tracks

Grade D Pa Point to Snapper Bay Link Track junction, Calypso Bay Water Tank to Calypso Link Track Junction via loop section, Tieke Exit to Bald Knob Track, Eastern Ricoh Valley track from telephone pole to Beach, (No passengers on these sections)

Grade E Ohinerau access tracks, Von Luckner perimeter track, Drop Track, Calypso Bay Beach Track, Bald Knob hill to Southeast Beach. Stream biodiversity tracks (snapper Bay Catchment) (No passengers on Grade E tracks).

**Motuihe Trust Driver Details Form**

## Tractor Competency and Assessment

Name: …………………………………………………………………………….

Email……………………………………………………………………………….

Phone: …………………………………….

NZQA Number:14490, 19043,19044, 19049, 19050, 19052, 24552, 24536, 24537, 24538, 24607 (circle relevant numbers)

Date of NZQA Achieved and NSN Number: …………………………………………

NZ Drivers Licence Number and expiry date

Have you read and understood the manual for the tractor? YES/NO

Have you read and understood the Motuihe Trust H&S manual? YES/NO

Have you read and understood Worksafe “Safe use of Tractors -Guidelines YES/NO?

Have you read and understood Worksafe “safe use of Tractors on Farms” YES/NO?

List Number of hours tractor driving experience

A) None ……………

B) Flat ,<7 degrees …………….

C) Slopes,>7 degrees ……………

D) Soft ground ………

E) FEL ……………

F) Mower ……………

G) Trailer ……………

H) Carry All ……………

………………………………………………………………………………………….……………………

Signature of Volunteer, Contractor, DOC Staff, Trainee who will be driving Motuihe Trust tractor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Polesaw Operator Assessment and Approval Form

Name of Pole saw Operator Phone

Assessed/Approved by Date

This document confirms that

* Has been assessed and approved to operate the Stihl pole saw
* Has read the Stihl Polesaw manual
* Has read the Motuihe Trust Health & Safety Manual

1. The Operator has demonstrated knowledge and understanding of the Stihl Polesaw Instruction manual (<https://www.stihlshop.co.nz/stihl-hta-66-battery-pole-chainsaw-kit-battery-charger.html>**)**
2. Long trousers and sturdy closed footwear must be worn at all times.
3. The wearing of safety glasses and gloves are recommended.
4. The pole saw must only ever be operated at chest height or below, for cutting gorse and similar weeds.
5. A spotter must be actively present at all times to ensure other people remain a safe distance from the cutting end.
6. The operator will not use the polesaw under the influence of drugs or alcohol, or if not rested and in good physical condition.
7. The operator will move the break to the ‘locked’ position or remove the battery when the polesaw is unattended.
8. The operator will not use the polesaw if light and visibility are poor, or if slippery or unsafe weather conditions prevail.
9. The operator understands the risks involved, and is able to recognize and assess risks present on the day and take mitigating action when necessary.
10. Motuihe Health and Safety Manual and the Stihl polesaw manual, and relevant legislation and regulations must be adhered to at all times.
11. An incident report must be completed and submitted as soon as practical to Motuihe Trust recording any accidents or near-misses.
12. The operator understands the cleaning and maintenance requirements of the polesaw, and undertakes to complete these actions after each use. Including refilling the lubricating oil reservoir and opening chain guard to clean away vegetation.
13. Batteries must be removed after use, and stored separately. Batteries should be recharged, preferably when volunteers are present. Once charged, batteries should be removed from the charger for storage.
14. Do not use or charge any battery if damage or malfunction is suspected.

Signature of Approver Date

Signature of Polesaw Operator Date

## Weedeater Operator Assessment and Approval Form

Name of Weedeater Operator Phone

Assessed/Approved by Date

This document confirms that

* Has been assessed and approved to operate the Stihl weedeater
* Has read the Stihl Weedeater manual
* Has read the Motuihe Trust Health & Safety Manual

1. The Operator has demonstrated knowledge and understanding of the Stihl Weedeater Instruction manual (<https://www.stihl.co.nz/en/service-events/owners-manuals/fsa-90-48630115700>)
2. Long trousers and sturdy closed footwear must be worn at all times.
3. Safety glasses and gloves must be worn at all times.
4. The weedeater must only ever be operated at ground level, for clearing grasses and smaller saplings.
5. The operator must always have a second person present, never work alone.
6. Maintain a 15m working space from other volunteers.
7. Do not use metal cutting attachment when conditions are dry, as sparks could ignite a fire.
8. The operator will not use the weedeater under the influence of drugs or alcohol, or if not rested and in good physical condition.
9. The operator will move the break to the ‘locked’ position or remove the battery when the weedeater is unattended.
10. The operator will not use the weedeater if light and visibility are poor, or if slippery or unsafe weather conditions prevail.
11. The operator understands the risks involved, and is able to recognize and assess risks present on the day and take mitigating action when necessary.
12. Motuihe Health and Safety Manual and the Stihl weedeater manual, and relevant legislation and regulations must be adhered to at all times.
13. An incident report must be completed and submitted as soon as practical to Motuihe Trust recording any accidents or near-misses.
14. The operator understands the cleaning and maintenance requirements of the weedeater, and undertakes to complete these actions after each use.
15. Batteries must be removed after use, and stored separately. Batteries should be recharged, preferably when volunteers are present. Once charged, batteries should be removed from the charger for storage.
16. Do not use or charge any battery if damage or malfunction is suspected.

Signature of Approver Date

Signature of Weedeater Operator Date

## Kiosk Training and Inspection Forms

**MOTUIHE KIOSK**

The kiosk is operated by the Motuihe Trust as a significant contribution to enhancing the visitor experience on the Island

* Increasing the awareness of the restoration project – flora/fauna and species translocations.
* Encouraging exploration of the Island by boat owners, campers, and day trippers beyond the two main beaches, both ecologically and historically.
* Providing general information to visitors and supporting DOC staff and emergency services as required.
* Recruiting potential new volunteers to the project
* Selling ice creams, hot drinks and some merchandise contributing to the Island experience and to project funds.
* Kiosk operators are trained and competent to:
  + Monitor and report on Health and Safety issues and look for continual improvements to H&S
  + Be familiar the Motuihe project and the island.
  + Make sales with the EFTPOS machine.
  + Record daily sales & visitor numbers.
  + Replenish supplies.
  + Maintain basic food handling and hygiene standards.
  + Operate the gas stove and make hot drinks.
  + Monitor the solar power system and freezer function.
  + Manage visitors.
  + Know the basics of the campsite

This sign off sheet is a record of your kiosk training to show we are adhering to the food handling specifications set out by Auckland Council in relation to The Food Act 2014, National Programme. Kiosk operators will be trained as per the Kiosk Training Template and experienced Kiosk Operators to receive annual refresher training plus on the job practical audit.

Specifications set out by Auckland Council in relation to The Food Act 2014, National Programme. Kiosk operators will be trained as per the Kiosk Training Template and experienced Kiosk Operators to receive annual refresher training plus on the job practical audit.

Motuihe Trust

## Kiosk Assessment

**For volunteer to complete:**

* I have completed the Motuihe Kiosk training on   
  (via Zoom, email or at OBC group training)

First and Last Name:

Signature:

**For Auditor to complete:**

Please tick to indicate that the volunteer (name above) understands the following areas. Sign & date at the bottom of the form to confirm that the volunteer is competent in all areas.

|  |  |
| --- | --- |
|  |  |
|  | Hand washing & sanitising available |
|  | Freezer checks (water bottles frozen, checks completed on day sheet) |
|  | Water bottles in separate chilly bin with slicker pads |
|  | Kiosk clean and orderly |
|  | Filling of kettle and boiling of water |
|  | Gas bottles (one in use, one spare) |
|  | Rubbish bin liner in place (wrappers only) |
|  | Kiosk operating instructions available |
|  | Eftpos instructions available |
|  | Day sheets available |
|  | Emergency contacts list on hand |
|  | Volunteer understands complaints process |

Auditors Name:

Date of Audit:

Auditors Signature:

Please email a copy of this form to Stuart Macintosh ( [stuartm.nz@gmail.com](mailto:stuartm.nz@gmail.com) and operations@motuihe.org.nz) along with the Daily Reconciliation/Sales Sheet. Please keep the original of this form in the folder called “Kiosk Documents”.

| The Motuihe Trust Chemical Use Record | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Grid Area** | **Target Weeds** | **Apparatus** | **Chemical** | **Leaders** | **No. of weed volunteers** | **Weather (wind direction & speed)** |
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**P – Paste Bottle (Pichloram) HS – Hand Spray BP – Backpack**

**MP – Moth Plant TW- Tobacco Weed Rh - Rhamnus**

Motuihe Trust

## Training Register

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular Volunteer** | **Weeding Leader** | **Planting Leader** | **First Aid** | **Heritage sites** | **Tractor Driving** | **Monitoring** | **Nursery/ Woolshed** | **Track Maintenance** | **Fungi** | **Rare Plants** | **GPS use** | **Growsafe** | **Glyphosate & Paste** | **Bird call ID  5min bird counts** | **Plant-A-Tree** | **Kiosk (NP1)** | **Polesaw** | **Weedeater** |  |
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**Record date that training was completed**

The Motuihe Trust

## Near Miss or Hazard Risk Report Form

**Reporting hazards/risks or unsafe acts or situations**

|  |
| --- |
| **Name of Person: Date of Incident:**  **Site of Incident: Time of Incident:**  **Name of any witness: Designated Tasks:** |
| **Name of person(s) completing this form:** |
| **What Happened:** (Describe Incident)  Are there photos or videos available  Yes  No |
| **How serious could it have been:** (Describe possible outcomes either injury to people or damage to property) |
| **Corrective Action** (What do you think should be done) |
| **Signed Date**  **Name** |
| **Corrective Action Confirmed** (What was done) |
| **Signed off by Trust Date**  **Name** |

The Motuihe Trust

## Accident Report Form

|  |  |  |
| --- | --- | --- |
| **Name of Person: Date of Accident:** /  **Site of Accident: Time of Accident:**  **Name of any witness: Designated Tasks:** | | |
| Part of Body Injured: | | |
| Head  Arm  Systemic (Internal injuries)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Neck  Leg  Hand | Back  Multiple Location  Foot |
| What caused the physical injury | | |
| Lifting  Slip or Trip  Laceration  Hazardous Substances  Entrapment in machine | Heat  Foreign body  Being Hit by object  Biological  Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Repetitive task  Fall  Electricity  Pressure (explosion) |
| **Severity of Accident**  **Was the accident only minor and no accident investigation completed**  Yes  No  **Was the accident Notifiable**  Yes  No?  **Was WorkSafe NZ Notified 0800 030040**  Yes  No? | | |
| **Did the person require:**  First aid  Medical treatment (doctor/physio)  Time off work | | |
| **Possible cause:** (Tick box)  Rushing  Frustration  Fatigue  Complacency  Eyes not on task  Mind not on task  Line of fire  Traction/Balance   * **tick all boxes that apply** | | |
| **Medical treatment**  **Did the person go to the Doctor or Physio**  Yes  No?  **Did the Trust receive**  ACC 45  ACC 18 | | |
| **What Happened:** (Describe accident)  Continue on back | | |
| **Signed Date**  **Name** | | |

The Motuihe Trust

## Accident Investigation Form

**(****To Be Filled Out in Conjunction with Accident Report Form)**

|  |  |
| --- | --- |
| Type of Incident Accident  Incident  Near Miss | |
| **Name of Employee: Date of Accident:**  **Place of Accident: Time of Accident:** | |
| Investigation | |
| **Location of Accident on Site:** (Eg At Woolshed) | |
| **Equipment involved** | |
| **What other contractors or subcontractors (PCBUs) were on site:**  **Were any PCBU present when incident occurred. Had PCBU been part of induction or prestart meetings** | |
| **What happened before:** (eg Induction, competency assessment) | |
| **What Happened:** (Eg Add to accident report if necessary) |
| **Issues** |
| **Training issues** |
| **Photos or Diagrams:** (use reverse of this page) |

|  |  |
| --- | --- |
| **What errors (root causes) caused the Accident:** (Suggest at least 3 errors) | |
| **How bad could it have been:**  Very Serious  Serious  Minor | **How often does activity occur?**  Often  Occasional  Rare | |
| Was a critical hazard involved: Yes:  No?  Does the hazard/risk register need to be updated: Yes:  No: | | |
| **Action taken after accident** | | |
| **What action could be taken to avoid the Accident Recurring:** | | |
| Action to be Taken | | |
| *From the ideas above and other discussions*   |  |  |  |  | | --- | --- | --- | --- | | Corrective Actions | By Whom | BY When | Completed | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| **Signed** (investigator) **Date**  **Name** | | |
| **Form referred to:**  **Volunteer Briefing  Committee**  **Individual** | | |
| Action Completed: | | |
| Date: / / Signed (Manager): | | |

The Motuihe Trust

## Accident and Near Miss Register

(To be tabled at Committee meetings)

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Injured Person** | **Location** | **Date** | **Accident Report Completed** | **ACC 45 Received or First aid** | **Lost Time injury** | **Mechanism for Injury** | **Body part Injured** | **Investigation Completed** | ***Corrective actions Completed*** |
|  |  |  | *State Date* | *State Alternative* | *Did the person need time off their work* | *Check investigation form* | *Check investigation form* | *State Date* | *State Date* |
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Motuihe Trust

## Site Induction for Contractors

This form may be filled out on the first visit onto the site.

Induction of:

From:

By: pp Motuihe Trust

Date: / /

|  |  |
| --- | --- |
| Hazards/risks in work area. Review the hazard register  Emergency procedures  Evacuation point  Ability to do job safely verified  Hazards/risks that contractor may cause volunteers discussed  Safety procedures on island  Appropriate safety equipment and PPE  Health & Safety Procedure Manual or hazard register sighted (if appropriate)  Accident Reporting Procedures discussed |  |

*Particular hazards/risks discussed*



**Signed:**

**(Motuihe Trust)**

**Signed:**

**(Contractor)**

I understand that I may be asked to leave the island if I do not follow appropriate safety procedures.

**Date: / /**

| The Motuihe Trust Approved Contractor List | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Contractor** | **Phone**  **Email** | **Date** | **Contract Signed** (if relevant) | **Basis of Approval** | **Approved by** | **Review** |
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# Review and Document Control

Document Control will be maintained by including in documents version numbers and dates.

The Health and Safety Manual will also include a section indicating the reason for any major review.

This procedures manual will be reviewed every 12 months. Unless there is a need for change the manual will not be changed.

|  |  |  |
| --- | --- | --- |
| Version 1.0 | First developed: | 2014 |
| Version 2.0 | Updated after legislation changes | 2017 |
| Version 3 | Updated 2019, 2020, 2021 for tractor safety | 2021 |
| Version 3.1 | Amendments to include Kiosk procedures | Dec 21 |
| Version 3.2 | Major Review by Consultant. Forms Manual created | June 22 |
| Version 3.3 | Major review by new Ops Mgr. Forms updated as procedures reviewed and implemented:   * Review and update tasks and plan to align with twice yearly committee meetings * Hazard/risk register reviewed June 23. Summary included. * Contractor contract removed, approval updated * Chemical use form added * Review and update site assessment form. Remove Covid-related tasks. * Remove Induction Checklist and Approved Volunteer list as not in use. Update Training Register to reflect current. | Sep/Oct 23 |
| Version 2.3 | Annual review by committee.   * Annual plans updated * Review H&S risk assessment * H&S risk/hazard summary updated * Pole saw and weedeater training documents included * Kiosk Assessment reviewed and updated * Bruce Gulley review | March 2025 |

To be reviewed: October 2025