

# NOTIFICATION OF PARTICULAR HAZARDOUS WORK

Use this form to notify WorkSafe New Zealand of particular hazardous work, under reg 26 of the Health and Safety Regulations 1995.



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

## Work start and completion dates

|                      |                     |
|----------------------|---------------------|
| Intended start date: | Estimated duration: |
|----------------------|---------------------|

## Location of work:

|  |           |
|--|-----------|
| Physical address:                                  |           |
| Town/city:   | Postcode: |
| Main access road:                                  |           |
| Location (provide directions on access as needed): |           |

## Particular hazardous work details

|   |
|---|
| Nature of particular hazardous work (tick all that apply):  |
| <input type="radio"/> Logging or tree felling undertaken for commercial purposes.   |
| <input type="radio"/> Construction work with a risk of falling 5 Metres or more. <i>(See the last page of this form for exclusions)</i>   |
| <input type="radio"/> Erecting or dismantling scaffolding with a risk falling 5 metres or more.   |
| <input type="radio"/> Use of a lifting appliance where the appliance has to lift a mass of 500 kilograms or more a vertical distance of 5 metres or more. <i>(See the last page of this form for exclusions)</i>        |
| <input type="radio"/> Work in any pit, shaft, trench, or other excavation in which any person is required to work in a space more than 1.5 metres deep and having a depth greater than the horizontal width at the top. |
| <input type="radio"/> Work in any drive, excavation, or heading in which any person is required to work with a ground cover overhead.   |
| <input type="radio"/> Work involving the use of explosives, or storage of explosives for use.   |
| <input type="radio"/> Work that in which a person breathes compressed air, or respiratory medium other than air (not diving)  |
| <input type="radio"/> Work that in which a person breathes compressed air, or respiratory medium other than air (diving)  |

**NOTIFICATION OF PARTICULAR HAZARDOUS WORK**

**Description of work:**

Provide a description of the particular hazardous work being carried out:

**Control of work:**

What is the status of your business in relation to this work?

Principal (engaging a contractor or sub-contractor to do the work)       PCBU (using own employees to do the work)

If an employer, are you a contractor engaged by a principal to do the work?

Yes       No

**Contact details:**

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

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

Industry:  
*(See the last page of this form for a list of industry options)*

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Business address:

Town/city:      Postcode:

Name of contact:  
*(first name, last name)*

Phone number:      Mobile number:

Email:

**Certificate of competence:**

This section only applies for work involving one of the following:

- a. Scaffolding (all kinds)
- b. Use of explosives
- c. Work in, or breathing, compressed air or air substitute (diving)
- d. Restricted work involving asbestos

|                          |                     |
|--------------------------|---------------------|
| Certificate holder:      | Certificate number: |
| Certificate expiry date: | Mobile number:      |

## NOTIFICATION OF PARTICULAR HAZARDOUS WORK

### Declaration

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

|   |                |
|---|----------------|
| Full name:<br>(first name, last name)   | Date:          |
| Phone number:   | Mobile number: |
| Email:  |                |
| <i>Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this notification</i> |                |

### Where to send your completed form

Please complete this form online if possible. The online version of the form can be found [here](#).

If completing this form online is not practical you may print it and post it to:

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

### Exclusions

**Construction work with a risk of falling 5 Metres or more.** Excludes:

- work in connection with a residential building up to and including 2 full storeys,
- work on overhead telecommunications lines and overhead electric power lines,
- work carried out from a ladder only, or
- maintenance and repair work of a minor or routine nature.

**Use of a lifting appliance where the appliance has to lift a mass of 500 kilograms or more a vertical distance of 5 metres or more.** Excludes:

- work using an excavator,
- work a fork-lift, or
- work using a self-propelled mobile crane.

### Industry options

Use these options to complete the industry question, under contact details on page 2 (select one)

- Accommodation and food services
- Administration and support services
- Agriculture
- Arts and recreation services
- Construction
- Education and training
- Electricity, gas, water and waste services
- Financial and insurance services
- Fishing
- Forestry
- Health care and social assistance
- Information media and telecommunications
- Manufacturing
- Mining — Minerals
- Mining — Other services
- Mining — Petroleum
- Not elsewhere included
- Other services
- Professional, scientific and technical services
- Public administration and safety
- Rental, hiring and real estate services
- Retail trade
- Transport, postal and warehousing
- Wholesale trade