

Operator checklist

Health and Safety requirements checklist



(This form is to be used if the i-SITE is promoting an operator in any way, including displaying brochures, selling their products or verbally recommending them to clients)

| | |
|---------------------------------------|-----------------------------|
| Operator Legal/Company Name: | Abel Tasman Soul |
| Trading Name (if different to above): | Abel Tasman Kayaks |
| Physical Address: | 273 Sandy-Bay Marabou Road |
| Postal Address: | RD 2 Motueka 7197 |
| Phone: | 03 5278022 |
| Fax: | |
| Mobile: | 0800 732529 |
| Email: | info@abeltasmankayaks.co.nz |
| Contact Name: | Jack Kelly |

General info: (please circle which applies and attach a copy of the certifications)

Is the operator Qualmark approved?

| | | | |
|------------------------|---|--------------|----------|
| Qualmark certification | <input checked="" type="radio"/> YES / NO | Expiry Date: | 31/10/16 |
|------------------------|---|--------------|----------|

Is the operator an adventure activity operator: YES / NO / N/A

If yes, please fill in the relevant details below:

| | | | |
|---|---|--------------|--------|
| Worksafe Safety Audit Approval | <input checked="" type="radio"/> YES / NO / N/A | A00 number: | AA0710 |
| Amusement Devices Regulations Certificate | YES / <input checked="" type="radio"/> NO / N/A | Expiry Date: | |

Is the operator involved in aviation activities or water activities: YES / NO / N/A

If yes, please fill in the relevant details below:

| | | | |
|--|----------------|--------------|--|
| Civil Aviation Authority (CAA) Certificate | YES / NO / N/A | Expiry Date: | |
| Maritime New Zealand Certificate | YES / NO / N/A | Expiry Date: | |

Is the operator a transport operator: YES / NO

If yes, please fill in the relevant details below:

| | | | |
|--|---|--------------|-------------------|
| Transport Service License (TSL) – Passenger Service License | <input checked="" type="radio"/> YES / NO | Expiry Date: | Ongoing |
| Current vehicle registration and warrant of fitness/Certificate of fitness | <input checked="" type="radio"/> YES / NO | Expiry Date: | Multiple Vehicles |

Is the operator an accommodation provider? YES / NO

| | | | |
|--|----------------|--------------|--|
| Building warrant of fitness (Home Stay/ Farm Stay /Bed & Breakfast properties) | YES / NO / N/A | Expiry Date: | |
| License of operation (Backpackers/ Hotels/ Motels) | YES / NO | Expiry Date: | |

Does the operator have a Health and Safety Plan/Policy? YES / NO
 (Attach a copy) Available upon request.

Does the operator have registered first aid staff? YES / NO

| | | | |
|-------------------------|---|-------------------------------------|-----------|
| First aid certification | <input checked="" type="radio"/> YES / NO | Certificate number and Expiry Date: | Multiple. |
|-------------------------|---|-------------------------------------|-----------|

Has the operator had any serious harm incidents over the last 10 years or had an investigation by health and safety? If yes, please list details YES / NO

Checklist completed by: Craig Moore

Date: 27/4/16

Review Date: 31/10/16

Reviewed by: _____

Date Reviewed: _____

Note: Have all relevant documents and certificates been attached to this form?