



SECTION 5.

Terms and Conditions



Accident

An unplanned event that results in an injury or ill health, or damage / loss to property, materials or the environment. Categories of accidents include:

Lost Time Injury:	Injury that results in the injured person not being able to go to work.
Medical Treatment Injury:	The injured person goes to a medical centre or hospital, but they can return to work (i.e., no time off work is required, other than the time taken to see the doctor)
First Aid Injury:	Items from first aid kit are required to treat the injury (e.g., a plaster or some antiseptic).
Property Damage:	No one is injured, but something has been damaged (for example, tools and equipment).

Audit

A structured process of collecting information on the efficiency, effectiveness and reliability of the health and safety management system and drawing up plans for corrective action.

Company “Officers”

A person who holds a very senior leadership position and has the ability to significantly influence the management of a business or undertaking. A business or undertaking can have more than one officer.

Contractor

A person or company that undertakes a contract to provide materials or labour to perform a service or do a job. This includes physical works and professional services contract which involve construction, alteration, repair or maintenance, including any trades (e.g., electricians), consultancy services and cleaners.

Corrective Actions

Steps that are taken to prevent an accident from happening (e.g., removing a hazard or showing someone a safe way to carry out a task).

Due Diligence

An Officer of the ‘PCBU’ has ‘due diligence’ obligations to ensure that the PCBU complies with their duties and obligations under the Health and Safety at Work Act. The due diligence obligations include taking reasonable steps to:

- Acquire, and keep up to date, knowledge of work health and safety matters.



- Gain an understanding of the nature of the operations of the business or undertaking of the PCBU and generally of the hazards and risks associated with those operations.
- Ensure that the PCBU has available for use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the business or undertaking.
- Ensure that the PCBU has appropriate processes for receiving and considering information regarding incidents, hazards, and risks and for responding in a timely way to that information.
- Ensure that the PCBU has, and implements, processes for complying with any duty or obligation of the PCBU under the Act.
- Verify the provision and use of the resources and processes referred above.

Employee

Employees are people employed to do any work for hire or reward under a contract of service. This includes permanent, temporary, casual, part-time and full-time work.

Fully Unfit for Work

To be “fully unfit” a person needs to be **all** of the following:

- Not able to travel to and from work assisted or unassisted.
- Not fit to be at a workplace.
- Not fit to do specified tasks at a workplace.
- Not able to undertake any training (including online training that is home-based).

Harm

Illness, injury or both and includes physical or mental harm:

Acute Harm:	Harm that occurs immediately or shortly after exposure to a hazard.
Chronic Harm:	Any injury or illness that gradually gets worse after being exposed to a hazard.

Hazard

A hazard is something that is an actual or a potential source of harm. This includes a person’s behaviour.



Health and Exposure Monitoring

Exposure Monitoring:	The measurement and evaluation of exposure to a health hazard (including monitoring the conditions of a workplace and biological monitoring or people) (e.g., blood tests, workplace noise level monitoring.)
Health monitoring:	Monitoring of an individual to identify early signs of harm to their health arising from work and any changes to their health status, on an ongoing basis (e.g., hearing tests.)

Health and Safety Representative (HSR)

An elected or nominated person to who represents staff on health and safety matters. HSRs also make health and safety recommendations to management, investigate complaints and risks to staff health and safety, monitor health and safety measures taken by the business, and give feedback to the business about meeting its health and safety duties.

Hierarchy of (Risk) Controls

The process in which risks must be controlled. In accordance with the Health and Safety at Work (General Risk and Workplace Management) Regulations 2016, the hierarchy is (in order of priority):

- **Eliminate** (remove the hazard). If the hazard cannot be eliminated, **minimise** the risk (reduce the risk from the hazard) by:
 - **Substitute** (wholly or partly) the hazard;
 - **Isolate** the hazard (separate the hazard from staff, e.g., enclose the hazard);
 - Implement **engineering controls** (design processes to minimise the risk, such as installing a ventilation system, or using mechanical aids rather than manual handling).

If a risk remains, minimise the remaining risk with **administrative controls** (e.g., training and information), and, if a risk continues to remain: Minimise the risk by ensuring the provision and use of appropriate **Personal Protective Equipment**.

Illness

A disease, condition or a state of ill health as diagnosed by a medical practitioner and supported by medical evidence. Illness includes both mental and physical conditions.

Incident

An unplanned or undesired event that disturbs operations or adversely affects completion of a task. For example, fires, chemical spill, and incidents involving other persons (e.g., threats).



Near Miss

A situation which may have, in different circumstances, caused an accident or damage to property.

Non-Work-Related Injury

A personal injury incurred by a person undertaking a task unrelated to their employment.

Notifiable Event

Death, notifiable injury or illness (described below), or a notifiable incident.

Notifiable Injury or Illness

As defined in the Health and Safety at Work Act 2015:

- Any of the following injuries or illnesses that require the person to have immediate treatment (other than first aid):
 - Amputation (of any part of the body), serious head injury, serious eye injury, serious burn, separation of skin from underlying tissue (e.g., de-gloving or scalping), spinal injury, loss of a bodily function or serious lacerations.
- An injury or illness that requires or would usually require admission to hospital for immediate treatment.
- An injury or illness that requires or would usually require the person to have medical treatment within 48 hours of exposure to a substance.
- Any serious infection to which carrying out work is a significant contributing factor, including any carrying out any work:
 - With micro-organisms, or that involves providing treatment or care to a person, or involves contact with human blood or bodily substances, or that involves handling or contact with animals, animal hides, skin, wool, hair carcasses, or animal waste product, or that involves handling or contact with fish or marine mammals.
- Any other injury or illness declared by regulations to be a notifiable injury or illness.

Notifiable Incident

An unplanned or uncontrolled workplace incident that exposes a serious risk to someone's health and safety, arising from immediate or imminent exposure to:

- Escape, spillage or leakage of a substance.
- Implosion or explosion of fire.
- Escape of gas, steam or a pressurized substance.



- Electric shock.
- Fall or release from a height of any plant, substance or thing.
- Collapse, overturning, failure or malfunction of, or damage to any plant.
- Collapse or partial collapse of a structure.
- Collapse or failure of an excavation or shoring supporting an excavation.
- Inrush of water, mud or gas in workings in an underground excavation or tunnel.
- Interruption of the main ventilation system in an underground excavation or tunnel.
- Collision between two vessels, vessel capsize, or inrush of water into a vessel.

Overlapping Duties

Situations where there are multiple PCBUs (i.e., more than one business at the same location). All PCBUs have health and safety duties. PCBUs must **consult, cooperate with, and coordinate** activities with other PCBUs to manage potential health and safety risks.

Person Conducting a Business or Undertaking (PCBU)

A business (for profit), undertaking (not for profit). A PCBU is not an individual unless they are conducting the business in their own name as a sole trader or partner.

Primary Duty of Care

The primary duty of care means that a business has the primary responsibility for the health and safety of staff and others influenced by its work. All businesses must ensure, so far as is reasonably practicable, the health and safety of its staff or any other workers who are influenced or directed by the business.

Reasonably Practicable

An action is considered 'reasonably practicable' if it is, or was, at a particular time reasonably able to be done. It takes into account:

- The likelihood of the hazard or risk concerned occurring.
- The degree of harm or damage that might result from the hazard or risk.
- What the person concerned knows (or reasonably ought to know) about:
 - The hazard or risk;
 - ways of eliminating or minimising it.
- The availability and suitability of ways to eliminate or minimise the risk.



- The costs associated with available ways of eliminating or minimising the risk - including whether the cost is *grossly disproportionate* to the risk.

NOTE: this step must be done after assessing the extent of the risk and the available ways of eliminating or minimising the risk).

The higher the risk, the more reasonable it would be to invest more resources in reducing the risk.

A duty holder's obligation to manage risk is limited to doing what is in their ability to control and manage, along with what is 'reasonably practicable' for them to do to manage the risk.

Rehabilitation

A process of active change and support with the goal of restoring the worker's health, independence and participation to the maximum extent practicable, following an injury or illness.

Remote Or Isolated Work

In relation to a staff member, means work that is isolated from the assistance of other persons because of location, time, or the nature of the work. A staff member may be considered remote or isolated even if other people may be close by:

Remote Work:	May involve work activities undertaken at a location removed from an office environment where there are few people and where communications and travel are difficult.
Isolated Work:	May involve work activities undertaken in an isolated area, on or off site, either during or outside normal working hours.

Examples of remote and isolated work include work outside normal working hours, work at home, travel as part of work, work on a reduced roster (for example, on public holidays), working in isolation with members of the public.

Residual Risk

The **risk** that remains after controls are taken into account.

Risk

The chance that a hazard will actually cause harm.



Risk Rating

The process of determining the level of risk. The level of risk will depend on factors such as how often the job is done, the **number of workers involved and how serious any injuries that result could be**. Risks are based on:

Likelihood:	The likelihood of an injury or harm happening.
Consequence / Severity:	The outcome or impact of an event (how seriously someone could get hurt).

Subcontractor

A person or company formally engaged (otherwise than as an employee) by a contractor or another sub-contractor to do for gain or reward any work, that the contractor or sub-contractor has been engaged (as a contractor or sub-contractor) to do.

Visitor

Someone who visits the workplace (e.g., office, yard, depot or work vehicle), that is not contracted or employed to carry out work.

Volunteer

Someone that carries out work in any capacity for a PCBU with the knowledge or consent of the PCBU, on an ongoing and regular basis, and the work is an integral part of the business or undertaking.

Worker

Means an individual who carries out work in any capacity for a PCBU, including work as:

- An employee.
- A contractor or subcontractor.
- An employee of a contractor or subcontractor.
- An employee of a labour hire company who has been assigned to work in the business or undertaking.
- An outworker (including a homemaker).
- An apprentice or a trainee.
- A person gaining work experience or undertaking a work trial.
- A volunteer worker.



Workplace

Means a place where work is being carried out, or is customarily carried out, for a business or undertaking. It includes any place where a worker goes, or is likely to be, while at work. This includes motor vehicles. Other examples of a place of work include:

- A place or part of a place under the control of the employer (excluding domestic accommodation provided for the employee).
- Where an employee eats, rests or gets first aid.
- Where an employee goes as part of their duties.
- When an employee works at home, it is considered to be a place of work.

Work-Related Injury

A personal injury that arises as a result of performing a work task. The injury can either be due to an accident or have happened by a gradual process (e.g., Occupational Overuse Syndrome, disease or infection) related to the person's work.



SECTION 6.

Additional Information and Resources



WorkSafe New Zealand

Website:	https://www.worksafe.govt.nz
Phone:	0800 030 040
Email:	info@worksafe.govt.nz
Report a Notifiable Incident:	Notify WorkSafe WorkSafe

Legislation

[Accident Compensation Act 2001](#)

[Building Act 2004](#) and [Building Regulations 1992](#)

[Education \(Vocational Education and Training Reform\) Amendment Act 2020](#)

[Electricity Safety Regulations 2010](#)

[Fire and Emergency New Zealand \(Fire Safety, Evacuation Procedures, and Evacuation Schemes\) Regulations 2018](#)

[Health and Safety at Work \(Asbestos Regulations\) 2016](#)

[Health and Safety at Work \(General Risk and Workplace Management\) Regulations 2016](#)

[Health \(Hairdressers\) Regulations 1980](#)

[Health and Safety at Work \(Hazardous Substances\) Regulations 2017](#)

[Health and Safety at Work \(Worker Engagement, Participation, and Representation\) Regulations 2016](#)

[Privacy Act 2020](#)

[Smokefree Environments and Regulated Products Regulations 2021](#)

Professional registers

[The HASANZ Register](#)

Useful Tools, Guides and Publications

[First Aid at work - Worksafe](#)

[Infection prevention and control guidelines for hair, beauty, tattooing and skin penetration industries - Victoria State Government, Department of Health](#)

[Public health guidelines for the hairdressing and barber industry - Government of Western Australia Department of Health-and-barbers](#)



HAIR & BARBER
NEW ZEALAND

MAKAWHE ME NGĀ KAIKUTI MAKAWHE O AOTEAROA

Health and Safety Guidelines for the Hair Industry

[Resources on infection control and prevention | Ministry of Health NZ](#)



Appendices



APPENDIX A: Example of a Health and Safety Policy Statement

(Business name) is committed to providing and maintaining a safe and healthy work environment for all persons in the workplace.

To achieve these goals, the management of *(business name)* will:

- Demonstrate leadership and commitment to health and safety.
- Ensure all workers are aware of, and accept, their responsibility to provide a safe working environment.
- Comply with all applicable health and safety legislation, regulations, standards, codes of practice and safe operating procedures as a minimum.
- Develop health and safety awareness through information, induction, training and supervision.
- Effectively manage hazards and risks within the workplace, so far as is reasonably practicable, through hazard identification, risk management and ongoing monitoring.
- Review health and safety objectives and company and worker performance annually or more regularly where necessary.
- Strive to continuously improve the health and safety system through regular planning, evaluation and review.
- Encourage all workers to be actively engaged in health and safety through consultation and participation.
- Actively encourage the immediate and accurate reporting of all accidents, incidents and unsafe conditions, to enable corrective actions to be undertaken.
- Where injury or illness occurs, help employees to achieve full recovery through prompt treatment and active rehabilitation, to ensure a safe return to work.
- Allocate resources to meet the commitments of this policy and review this policy annually.

All workers are expected to help maintain a safe and healthy workplace by:

- Taking reasonable care of their own health and safety.
- Complying with health and safety policies and procedures.
- Reporting hazards, close calls, incidents, accidents promptly.

This policy applies to all persons in our workplace. This is the governing policy for all other health and safety policies and procedures used by *(business name)*.



HAIR & BARBER
NEW ZEALAND
MAKAWÉ ME NGĀ KAİKŪTI MAKAWÉ O AOTEAROA

Health and Safety Guidelines for the Hair Industry

Manager

Signature

Name

Date



APPENDIX B: Health and Safety Planning Template

An example of a health and planning template is below. Set goals and objectives annually to help you continually improve your health and safety processes. Involve your workers in this process. Follow the ‘SMART’ criteria (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime bound) and track progress towards meeting your goals throughout the year to confirm they remain on track or make modifications to the plans where required.

	Objective	Plan of Action	Resources Required	Responsibility	Anticipated completion Date	Sign and Date When Completed
1	Workers actively participate in health and safety	Develop / implement worker induction programme				
		Include health and safety as an agenda item at meetings				
		Workers assist with inspections				
2	Robust emergency response procedures are in place	Review emergency response plan and rank in order according to potential to happen				
		Develop emergency scenario training (in-house) or review providers				
		Undertake training				
3	Increase the number of staff that have had health and safety training	Investigate training opportunities / courses (e.g., H&S representative training for one member of staff, and H&S leadership training for the management)				
		Review potential training course providers				
		Schedule training				



APPENDIX C: Workplace Inspection Checklists

Salon And Barbershop Inspection Checklist

This checklist has been developed to help you identify risks at your salon / barbershop. The checklist includes suggestions for possible review items, but it is not a comprehensive list. Use this as guide to help you develop a checklist specific to your salon / barbershop. Update the form to suit your salon / barbershop requirements.

Inspection Focus	Yes	No	N/A	Comments
General Housekeeping				
Floors are clear of rubbish, cables and other trip hazards (this includes between workspaces and walkways)?				
Floors are dry, free of spills (including hair) and other slip / trip hazards?				
Work surfaces are durable, smooth, impervious to moisture and capable of being easily cleaned?				
Hand wash basins are clean, liquid soap and paper towels (or dryers) are available?				
There are no trailing electrical cables / cords. All cords are kept away from feet and connected in a safe manner?				
All floor coverings are intact – no loose / uplifted areas, uneven surfaces, holes or bubbles. Mats are secured in place?				
Floor drains and other openings are covered?				
Rubbish is in appropriate bins and not overflowing?				
Workstations are tidy, clean and no obvious hazards (e.g., sharp edges / equipment)?				
There are no broken or damaged fixtures and fittings, and no splinters / spurs / snags or trims that have come loose?				
Are bathroom facilities including hand wash basins are clean and accessible?				



Inspection Focus	Yes	No	N/A	Comments
Manual Handling, Ergonomics, and Storage				
Has manual handling been eliminated where possible or minimised (e.g., trolleys are available)?				
Are trolleys available and well maintained?				
Are items stored sensibly with easy access? <ul style="list-style-type: none"> • Heavy items used frequently are stored at waist level shelves; • Heavy items used infrequently are stored at low level; • Frequently used items are easily accessed. Is equipment stored safely (shelves not overloaded etc.)?				
Stored materials are kept tidy (and there is no danger of falling objects) and high standing cupboards / shelves are secured to the wall?				
If necessary, are stepladders (or similar) provided for reaching heights? Are they in good condition?				
Are work surfaces and benches set up at the appropriate height for the tasks undertaken?				
Is the layout of work area suitable for the tasks undertaken (reduces bending / twisting / overreaching)?				
Lighting, Temperature, and Ventilation				
Work area lighting levels are suitable for the tasks performed?				
All lightbulbs are operating correctly, and work areas are free from glare and shadows?				
The temperature in the work area is comfortable for tasks performed?				
Natural ventilation is adequate and / or fans are working?				
Extraction systems are adequate (at removing odour from bleach and dyes) and in working condition (check when the system was last tested)?				



Inspection Focus	Yes	No	N/A	Comments
Personal Protective Equipment				
Is the PPE well maintained and in good condition?				
All staff are using PPE have been trained in the correct, use and storage of PPE?				
PPE is being worn appropriately by staff?				
If required, lockers or hangers are provided for storing PPE and work clothes?				
Clean linen and dirty linen are stored separately, and laundry facilities are available?				
Tools and Equipment				
Tools and equipment are well maintained and in good condition (e.g., blades are sharp, equipment is operating at correct temperatures) and warning labels (e.g., hot surfaces) are legible?				
Adequate tool and equipment storage is provided and used?				
Danger and 'out of service tags' are available for labelling faulty equipment?				
All portable electrical equipment has been tested and is labelled with the test date?				
Are there any apparent faults with any electrical equipment, including damage to cables, plugs and sockets (e.g., loose, cracked or broken wires / fittings)?				
Emergency Procedures				
Walkways, stairs and exits are adequately lit?				
All fire exit and escape routes, direction arrows, fire alarm points and items of firefighting equipment are clearly visible and unobstructed?				
Fire extinguishers, fire blankets and / or fire hoses are available, fire extinguisher type is clearly identified (e.g., water / CO ₂) are and the test is up to date (less than one year ago)?				
Are written instructions posted for use of fire extinguishers?				



Inspection Focus	Yes	No	N/A	Comments
Are all fire doors kept closed when not in use and never wedged open?				
Are fire action notices prominently displayed throughout the area?				
Exit doors and aisles are signed, and doors are easily opened from the inside?				
Are sufficient up to date first-aid notices displayed prominently through the workplace?				
Is there a first aid kit readily available? Check kit is fully stocked, and supplies are in date?				
If present: are eye wash stations / emergency showers easily accessible, clean and operational? <i>NOTE: Flush tap for 30 seconds to check.</i>				
Current list of first aiders and wardens is displayed / known to staff?				
Hazardous Substances				
Hazardous substance inventory is up to date and easily accessible?				
Safety Data Sheets (SDSs) are available for all substances and all SDSs are less than five years old?				
All substances (including decanted substances) are stored? <ul style="list-style-type: none"> In suitable containers and containers are correctly labelled. Are labels legible? In accordance with the SDS requirements (e.g., lockable, fireproof and secure cabinets) and not in general storage areas? Suitably banded? 				
Decanting / transferring substances into other containers is carried out in a well-ventilated location with spill trays and spill kits available?				
Information about staff trained to handle hazardous substances is available?				
Appropriate chemical handling procedures (including decanting areas and wearing PPE) are followed?				



Provide the completed form to the salon / barbershop manager so actions can be taken where required.

Salon and Barbershop: Guide to Preventing Dermatitis Checklist

Steps	Actions
Wear Disposable Gloves	Wear non-latex gloves when rinsing, shampooing, colouring, bleaching, etc.
	Choose a longer-length glove (fold the cuff back to stop water running down your arms) and a smooth glove to stop hair snagging.
	Have different sized gloves available to ensure a good fit.
	Show staff how to remove gloves - peel them down from the cuff and avoiding touching their skin with used gloves.
	Use gloves when cleaning spills.
	Rotate jobs to minimise exposure for each staff member
Dry Your Hands Thoroughly	Provide soft cotton or paper towels for drying hands.
	Tell staff about the importance of thorough hand drying as part of their skin care regime.
Moisturise after Washing Your Hands and at the Start and End of the Day	Provide moisturising cream in a dispenser or give each of your staff their own supply.
	Choose fragrance-free moisturisers, as some people can be sensitive to perfumes.
	Encourage staff to make sure all areas are covered – it's easy to miss fingertips, between your fingers and wrists.
Change Gloves between Clients	Make sure staff don't re-use gloves – the skin can be contaminated if you try to put them back on.
	Advise your staff to change gloves between clients to give the skin a chance to 'air'.
Check Your Skin Regularly for Early Signs of Dermatitis	Get into the habit of checking your own and reminding staff to check theirs.



APPENDIX D

Hazard Identification / Near Miss Reporting Form

Below is an example Hazard / Near Miss report. Having forms like this give your workers (including your contractors) an opportunity to report any hazards and risks they identify.

Section 1: Hazard / Near Miss Reporting

After you have completed Section 1, give the form to the manager or contact person.

Name:	Are you an:	Contact Phone Number:
	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	

Date Observed:	Time Observed:

Location of Hazard / Near Miss (service area / lunchroom):

Hazard / Near Miss Details:

Possible Cause:

Can you carry out tasks safely?

Yes No

If not, DO NOT start carry out task. Inform your manager / contact person immediately.

What are the potential consequences if an accident happens?

Extreme Major Moderate Minor Negligible

How likely is it that it will occur in the future?

Extreme Major Moderate Minor Negligible



Immediate Action Taken to Fix the Problem:

Recommendations / Possible Solutions to prevent further occurrences of this type of event (e.g., can the hazard be removed, replaced, isolated, repaired):

Section 2: Corrective Actions

MANAGER TO COMPLETE (CONSULT WITH WORKERS)

Corrective Actions Planned:

Who is responsible for ensuring corrective actions are taken?

By When?

--	--

Corrective Actions Taken:

Is the hazard on the hazard and risk register? (If not, added to the register.)

Yes No

Actions Completed

Name / Job Title

Date



Task Safety Analysis

This form can help you work through the steps of a task or job. Systematically identify each step in the task and consider what hazards and risks there are. Decide on the risk controls and assign a risk rating.

Description of Task:

--

Equipment Required:

Training / Qualifications Required:

--	--

PPE Required:

Safety Footwear /
Covered Shoes

Eye Protection

Respirator

Gloves

Other

Type: _____

Emergency Persons

Name:

Contact Phone Numbers:

--	--

Person Preparing the JSA

Name:

Job Title

Signature:

--	--	--



Tasks Steps (Logical Step-by-Step Order)	Hazards (Identify the hazards and risk that may cause harm to people, process disruption or damage to equipment or the environment [see Overleaf])	Consequence (Before Controls)	Proposed Risk Controls (Describe what can be done to manage the risk. What will you do to make the job as safe as possible?)	RISK (ONCE CONTROLS IN PLACE)		
				Likelihood	Consequence	Risk Rating
1.						
2.						
3.						
4.						
5.						

Refer to the hazard and risk procedures for likelihood and consequence ratings.

Name and signatures of each worker to confirm and understand the risks and risk control measures in this task safety analysis form.

Name

Signature

Name

Signature



Risk Matrix

Likelihood	CONSEQUENCE				
	1 = Negligible Injuries / Illness	2 = Minor Injuries / Illness	3 = Moderate Injuries / Illness	4 = Major Injury / Illness	5 = Extreme Life Changing Illness / Injury or Fatality
5 = Almost Certain (daily)	Medium	High	High	Extreme	Extreme
4 = Probable (weekly)	Medium	Medium	High	Extreme	Extreme
3 = Possible (monthly)	Low	Medium	High	High	High
2 = Unlikely (annually)	Low	Medium	Medium	Medium	High
1 = Rare	Low	Low	Low - 3	Medium	Medium

Likelihood Definitions

Rating	Probability	description
Almost Certain	Daily	Virtually guaranteed to occur. There is a history of it happening regularly in the past.
Probable	Weekly	It will probably occur in most circumstances. There is a history of it occurring (e.g., weekly - monthly).
Possible	Monthly	It could occur and it has occurred and there is a history of it happening (e.g., once a year).
Unlikely	Once a year	It's not expected, but it <i>could</i> occur at some time.
Rare	Once in 10 years	Highly unlikely, but it may occur in exceptional circumstances. There is no history of it happening, but it could happen.

Consequence Definitions

5 = Extreme:	Examples include fatality, permanent disability, irreversible injuries or illness and injury or illness notifiable to WorkSafe.
4 = Major (Notifiable) Injury / Illness:	Examples include extensive injuries or illness, injury or illness likely to be notifiable to WorkSafe, lost time injury / illness (LTI), temporary severe loss of function (e.g., broken leg). Injury or illness may require hospitalisation and / or major medical treatment.



<p>3 = Moderate Injury / Illness:</p>	<p>Examples include injuries / illness requiring medical treatment offsite (e.g., doctor, hospital (as an outpatient only)). Injury / illness may require further treatment (e.g., physio) to recover. The injury / illness may result in lost time and may result in restricted / alternate duties on return to work.</p>
<p>2 = Minor Injury / Illness:</p>	<p>Examples include first aid injury (FAI), treatment can be carried out onsite - trained first aider required. No lost time / days off work required.</p>
<p>1 = Negligible Injury / Illness:</p>	<p>Examples include injury / illness with no treatment required (e.g., bruising, temporary pain / discomfort) and first aid injuries where treatment can be carried out onsite.</p>



Hazard and Risk Register

This is an example of how you can set up a hazard and risk register.

Steps

Identify the hazards and risks associated with each activity. Using the risk matrix, state the likelihood and consequence. Identify risk controls and then re-assess the risk. An example assessment has been started below to demonstrate what you could include.

Task / Equipment	Potential Hazards	Potential Risk	Consequence	Likelihood	Risk Rating (Before Controls)	Risk Controls	Consequence (with Controls)	Likelihood (with Controls)	Risk Rating (with Controls)
Cutting hair	Sharp implements (e.g., scissors)	Cuts, grazes Infection	Moderate - 3	Probable - 4	High - 12	Ensure sufficient lighting in work area All sharp implements cleaned and disinfected after use Cover all open wounds	Moderate - 3	Likelihood - 2	Medium - 5



APPENDIX E: Training and Competency Templates

Health and Safety Induction Checklist

All workers need to be inducted. The induction should take place during the first week of work. Below is an example of the topics you can cover during the induction.

Name of Newly Employed Worker:	Date:	Person Carrying Out the Induction:

NEWLY EMPLOYED WORKER IS TO COMPLETE THIS SECTION

Please tick the boxes when the topic has been covered and you understand the content.



Topic	Check when Completed
Responsibilities, expectations and goals of the role have been explained to me.	<input type="checkbox"/>
I have been shown the location of toilets, kitchen facilities and other amenities.	<input type="checkbox"/>
The emergency procedures have been explained, and I know where the emergency exits, and evacuation assembly point are located.	<input type="checkbox"/>
Relevant policies and procedures, including health and safety have been discussed or provided. Anything I am unfamiliar with has been explained to me.	<input type="checkbox"/>
I am aware of the training regime. Training requirements and opportunities have been explained to me. I will inform my manager if I am not confident about a task before attempting it.	<input type="checkbox"/>
I have been informed that I will be consulted with all matters that may affect my health and safety.	<input type="checkbox"/>
I have been informed of the types of hazards I may be exposed to at work and the risk controls required to minimise the potential risk.	<input type="checkbox"/>
I know where to find the hazard identification / near miss report form and the accident / incident report forms.	<input type="checkbox"/>
I have been provided with personal protective equipment required (if applicable) and the maintenance and cleaning regime has been explained to me.	<input type="checkbox"/>
The work injury claims process and rehabilitation responsibilities have been explained.	<input type="checkbox"/>

By signing below, the inductor and the new employee acknowledge that the information has been provided and understood.

Inductee (Newly Employed Workers)

Name

Signature

Date

Inductor (Person Carrying Out the Induction)

Name

Signature

Date



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Health and Safety Guidelines for the Hair Industry



Training Needs Analysis Template

Below is an example of a 'training needs analysis' template. Include each role in your salon / barbershop and identify the hazards and risks they may be exposed to. List your training requirements and tick the boxes to indicate the training requirements for each role. Some examples have been included for reference.

Role	H&S Induction	Hazardous Substance Training	De-Escalation (Violence and Aggression)	Training Course NAME	Training Course NAME	First Aid Training	Fire / Evacuation Warden Training	Health and Safety Rep Training
Salon / Barbershop Manager	✓	✓						
Hairdresser	✓	✓						
Barber	✓	✓						
Cleaner	✓	✓						
Receptionist	✓		✓					
Additional (Volunteer Roles)								
First Aider						✓		
Health and Safety Rep								✓
Fire / Evacuation Warden							✓	



Training / Competency Matrix

Below is an example of a training and competency matrix. State the training course name (based on your training needs assessment) along the top row and include the dates training took place and the expiry date or date when refresher training is due (if applicable). Consider including level of competency (e.g., must be supervised.)

Worker Name	Induction			Enter Skill / Training Course Name			Enter Skill / Training Course Name		
	State date of training here	State expiry date or date refresher due	Competency level	State date of training here	State expiry date or date refresher due	Competency level	State date of training here	State expiry date or date refresher due	Competency level
Joe Bloggs									

Training Code	Description
N	Not yet trained. Not able to carry out the task / activity.
NQ	Currently undergoing training. Must be supervised.
S	Has been trained but needs supervision by competent person to gain more experience.
C	Competent – has been trained and is experienced. Has been assessed by manager as competent.
T	Competent and approved by manager to provide internal training and assess competency on the task / activity.
N/A	Not applicable – does not need trained.



APPENDIX F

Accident / Incident / Injury Report Form

Below is an example of an accident and incident report form. You can develop your own form and include other causes and contributing factors, depending on what type of incidents and accidents may occur.

Section 1:

THIS SECTION MUST BE COMPLETED BY THE INJURED PERSON (OR DELEGATE)

After you have completed Section 1, give the form to your or contact person within 24 hours of occurring.

Name:	Are you an:	Contact Phone Number:
	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor	

Date of Accident / Incident:	Time of Accident / Incident:

Place Where Accident / Incident Occurred (service area, lunchroom, etc.) Be specific:

--

Type of Accident / Incident, or Work-Related Injury or Illness (check appropriate)

Accident occurred but no first aid treatment or time off was needed:	First Aid (item from the first aid kit was used):	What first aid item was used?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Treatment Injury (went to doctor / hospital / physio):	Treatment Provider Name:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Lost Time Injury (time off work was required):	If yes, how long (if known):	Notifiable Event (admitted to hospital, serious head or eye injury) (PHONE HSS TEAM IMMEDIATELY):
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Were the emergency services notified?	Did they attend the scene?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to the above, which emergency services were notified / Attended?
<input type="checkbox"/> Police <input type="checkbox"/> Fire Service <input type="checkbox"/> Ambulance



What happened (Describe the Accident / Incident):

Were there any witnesses?

Yes No

If so, who?

Immediate Cause of the Accident / Injury / Illness (check appropriate)

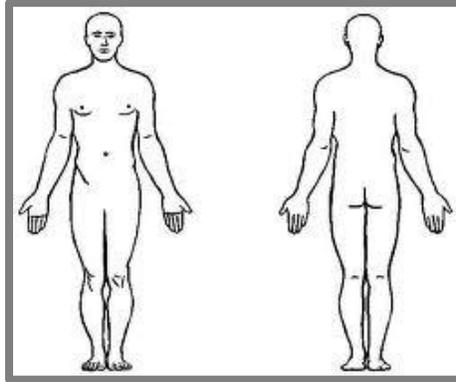
- | | |
|---|---|
| <input type="checkbox"/> Manual handling (e.g., lifting or moving heavy or bulky item)
<input type="checkbox"/> Slip / trip / fall
<input type="checkbox"/> Hit or hit by object
<input type="checkbox"/> Contact with solid / sharp object
<input type="checkbox"/> Electric shock
<input type="checkbox"/> Exposure to a substance (e.g., chemical, dust, fumes) | <input type="checkbox"/> Contact with hot surface / hot water
<input type="checkbox"/> Using equipment / tools (e.g., tool slipped)
<input type="checkbox"/> Mental health (stress, abuse, threat)
<input type="checkbox"/> Ergonomics / poor posture
<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Other (state): _____ |
|---|---|

Contributing Factors

- | | |
|---|---|
| <input type="checkbox"/> Didn't know the hazard existed
<input type="checkbox"/> I have done the job this way in the past and no accident occurred
<input type="checkbox"/> Wasn't given full instructions / instructions were unclear
<input type="checkbox"/> Training: None / in progress / insufficient (circle if applicable)
<input type="checkbox"/> No procedures / didn't know procedures / procedures hard to follow
<input type="checkbox"/> Lost concentration / distracted
<input type="checkbox"/> Other (explain): _____ | <input type="checkbox"/> Stressed / tired
<input type="checkbox"/> Rushing (because it was getting late, bad weather, to get the job completed quickly, heavy workload)
<input type="checkbox"/> Poor maintained / faulty equipment
<input type="checkbox"/> Didn't have the right equipment for the job / had to improvise
<input type="checkbox"/> PPE not worn / incorrect PPE / PPE not available (circle if applicable)
<input type="checkbox"/> Environmental conditions (e.g., weather) |
|---|---|



Circle the injured part(s) of the body (e.g., left arm, right ankle) on the diagram, or state below:



Nature of Injuries (e.g., cut, burn, sprain, bruise):

NOTE: Where possible, take photos of any contributing factors (e.g., faulty equipment).



How do you think similar incidents could be prevented in the future?

Section 2: Corrective Actions

THIS SECTION MUST BE COMPLETED BY THE MANAGER

What was the impact of the incident (e.g., unable to work, time incurred to investigate and to reallocate duties, costs [to repair and replace damage to equipment / property, etc.]?)

Recommended Action

What will you do to prevent this type of accident happening again (e.g., further training, supervision, change in procedure)?

Who is responsible for ensuring corrective actions are taken?

By when?

--	--

Has the person responsible (above) been informed?

Date Informed:

<input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--

Remedial Actions Undertaken:

Is the hazard on the hazard / risk register?

Yes No

If not, add the hazard to the register, and develop risk controls.



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Health and Safety Guidelines for the Hair Industry

Name

Signature

Date



Incident Register

Below is an example of an incident register. You can add or update columns to suit.

Date	Incident Type	Name of Injured / Ill Person	Injury / Illness Sustained	Brief Description	Treatment (Physio, First Aid, etc.)	Investigation Carried Out (Yes / No)	Corrective Actions	Return to Work Plan (if Applicable)	Actions Completed

Incident Type

Near miss, property damage, first aid treatment, medical treatment, lost time injury, notifiable event. For further information on what these incident types mean, refer to **SECTION 5**.

Corrective Actions

Actions taken to fix the problem and prevent more (similar) accidents / incidents from occurring.



APPENDIX G: Worker Consent Form

An example of what you should include on the form is below. Note that generally, the specialist that carries out the testing will ask these questions. It is a good idea to check with the specialist first.

Health and exposure monitoring aim to detect early signs of ill-health or disease. Monitoring provides us with a way of checking if your health is being affected while working for us.

Informed Consent

Due to the nature of our activities, there is a potential for exposure to health hazards. Under the Health and Safety at Work Act 2015, health and exposure monitoring cannot be carried out without worker consent. Health and exposure monitoring may include (but is not necessarily be limited to) the following tests: musculoskeletal (range of movement) assessment, eye (vision) test and lung function test.

We are formally requesting your consent to undergo health and / or exposure monitoring.

Declaration

I have been provided with information regarding the health and exposure monitoring process and I understand its purpose. I understand that

- This information will only be used to meet the requirements of the Health and Safety at Work Act 2015.
- Monitoring is a voluntary procedure.
- I will be informed at the time of the assessment if the health professional identifies any health problems during the assessment.
- Safety critical health information may need to be discussed with my employer to assist the business meet its obligations under the Health and Safety at Work (General Risk and Workplace Management) Regulations 2016.

I consent / I do not consent to undergo health and / or exposure monitoring.

Name

Signature



Release Of Results

The results of any health or exposure monitoring carried out will help us determine whether exposure to the hazard has been adequately controlled or whether additional risk controls are required. We will:

- Only collect information required to assess impacts to health.
- Keep health and exposure monitoring results confidential.
- Use the information only for the purposes of which it was collected.

All health information will be stored in accordance with the requirements of the Privacy Act 2020.

I give consent for my employer to receive copies of the results generated from any health and exposure monitoring assessments carried out during my employment. I give my consent for the health professional to exchange medical information with relevant other health providers if required.

Name

Signature



APPENDIX H: Examples of Contractor Health and Safety Templates

Contractor Pre-Qualification Checklist / Contractor Health and Safety Questionnaire

This questionnaire can be used as a guide to check that your contractors have good health and safety processes in place. The amount of information you ask from the contractor should be based on the level of the risk (from the contractor's work). For small contract work (e.g., changing high lightbulbs, you are unlikely to need this level of information. If you are doing a salon or barbershop refurbishment, the risks are higher so more information should be requested.

Contractor Company / Individual:		Date:
<input type="text"/>		<input type="text"/>
Address:		
<input type="text"/>		
Contact Person:	Telephone Number:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>



Salon / Barbershop Manager:

Contractor's Insurance Details

A COPY OF CERTIFICATE OF COVER MUST BE PROVIDED

Professional Indemnity

Value:

Expiry Date:

--	--

Public Liability

Value:

Expiry Date:

--	--

Contractor Health and Safety Information

Questions	Yes / No / NA	Action required
Do you have a documented health and safety system?		
Do you have a written health and safety policy?		Attach a copy of the health and safety policy.
Confirm how you identify hazards and manage risks (i.e., via a Hazard / Risk Register)?		Attach a copy of the hazard / risk register relevant for this work.
Do you have a system in place for reporting and investigating accidents, incidents and near miss events?		
Have you had any notifiable incidents or been prosecuted under legislation (e.g., health, safety, environmental)?		
Do you have emergency procedures in place for a range of scenarios?		
Are you carrying out any medium or high risks tasks (e.g., working at height, working with hazardous substances)?		If yes, please submit a detailed risk assessment plan for the relevant tasks.
Do all employees (and Subcontractors if used) hold current qualifications, licenses and permits to carry out the work required?		If yes, provide copies of relevant licences for employees and Subcontractors who will be working on our sites.
If you intend to use unqualified workers or apprentices on this project, are they supervised at all times by an appropriately licensed or qualified person?		
Do you carry out regular inspections and audits of your own operations?		



Questions	Yes / No / NA	Action required
Have you been prosecuted or fined under health and safety, or environmental legislation in the past five years? If yes, please provide details.		
Will you use any Subcontractors on our sites? If yes, please state name of companies used.		Please also provide information on your subcontractor selection process.
Has evidence of the Subcontractors insurance(s) been obtained?		Please attach a copy of the insurance document.
Are our site requirements communicated to Subcontractors?		

Please sign below to confirm that all employees (and Subcontractors, if applicable) are aware of, and will comply with our health and safety policies and procedures.

Name

Signature

Position

Date

SALON / BARBERSHOP MANAGER TO COMPLETE THIS SECTION

Name of Project (if applicable):

Date:

--	--

Scope of Work:

Specific Work Areas (e.g., service area, reception, washrooms):



Identified Hazards / Risks:

--

Contractor Approval:

<input type="checkbox"/> Approved	<input type="checkbox"/> Further Information Required	<input type="checkbox"/> Not Approved
-----------------------------------	---	---------------------------------------

Name

Signature



Contractor Induction Template

When a contractor arrives onsite, you will need to induct them. The template provides you with a guide on information you should cover. Adapt this form to suit your salon or barbershop.

Contractors complete **Section 1** of this form. Salon or barbershop representative will then take you through **Section 2** with you.

Section 1: Contractor to Complete

Company Name:	Telephone Number:
<input type="text"/>	<input type="text"/>

Contracted Worker(s) Name(s):	Mobile Number:
<input type="text"/>	<input type="text"/>

Start Date:	Estimated End Date:
<input type="text"/>	<input type="text"/>

Description of Work:

Work Area:

Hazard and Risk Management

In the course of the work that you are about to undertake, will you carry out any high-risk work. Some examples are below:

Questions	Yes	No	Comments
Use of electrical equipment or tools?	<input type="checkbox"/>	<input type="checkbox"/>	
Create any dust, fumes, or vapours?	<input type="checkbox"/>	<input type="checkbox"/>	
Create any noise greater than 85Db?	<input type="checkbox"/>	<input type="checkbox"/>	
Use any hazardous materials (e.g., paints, solvents, or sprays)?	<input type="checkbox"/>	<input type="checkbox"/>	



Questions	Yes	No	Comments
Interrupt the water supply to this location?			
Work over at heights greater than two metres (platform to ground level)?			
Disturb movement through foot traffic areas?			
Other? _____			

For any of the high-risk activities, please outline how you will control the risks:



Please identify any other hazards that you bring onsite which could be the potential cause of harm to other persons onsite and outline how the risk will be controlled:

Section 2:

I have been shown the items below:

Questions	Check when Completed
The person to report to at the salon / barbershop - name, desk location and phone number?	<input type="checkbox"/>
Evacuation procedure and assembly point and other relevant emergency procedures?	<input type="checkbox"/>
How to report any hazards, near misses, incidents and accidents?	<input type="checkbox"/>
The location of first aid equipment and qualified first aiders?	<input type="checkbox"/>
The location of fire extinguishers for the area where I am working?	<input type="checkbox"/>
The site exit and entrance points?	<input type="checkbox"/>
Toilets and handwashing facilities?	<input type="checkbox"/>
Rest / eating areas?	<input type="checkbox"/>
The approved smoking area?	<input type="checkbox"/>
Restricted access areas (go / no go areas)?	<input type="checkbox"/>
Location specific hazards and potential risks, including risk control measures (note here if any)?	<input type="checkbox"/>

Declaration

- I / we have been shown the location of the above health and safety provisions and told what to do in case of an emergency.
- I / we acknowledge that we have a duty, so far as reasonably practicable, to consult, cooperate and co-ordinate with the salon or barbershops on health and safety matters.
- I / we will inform the Company of any new hazards that I / we may create and any accidents or near miss incidents that happen while working here.
- I / we will comply with the salon or barbershops policies and procedures and all signage present in the workplace.



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Health and Safety Guidelines for the Hair Industry

Lead Contractor Name

Lead Contractor Signature

RETURN THE COMPLETED FORM TO THE SALON OR BARBERSHOP MANAGER



Contractor Monitoring Form

Contractor Company:	Names of Contractor Workers Onsite:

Description of Work:

Work Area (e.g., service area, lunchroom):

Date:	Monitoring Carried Out By:

Item	Yes / No / NA	Action required
All Contractor representatives (including Subcontractors, if applicable) have signed into the salon / barbershop (check the induction / sign in log).		
The contractor has informed you of the hazards and risks (and how they will control them). This information may also be recorded somewhere (e.g., risk register).		
All introduced hazards are suitably controlled (check all hazards are included on the hazard / risk register).		
All contracted workers appear to be carrying out work safely (e.g., barriers are erected to prevent access to work area, using fall protection, machinery and equipment in the correct manner). Work area appears tidy and safe (no trip hazards).		
Signage is displayed (if applicable) to warn others of the hazards and potential risk.		
All contracted workers are wearing suitable personal protective equipment (e.g., hard hat, safety boots etc.) and all PPE appears to be in good condition.		
Power tools, plant and machinery are in good condition and have current electrical safety tags (if appropriate).		



Item	Yes / No / NA	Action required
All contracted workers are aware of our reporting procedures including where to find hazard identification and accident / incident report forms.		Any accidents, incidents and near misses have been reported and recorded (if applicable).

Contractor

Please sign below to confirm that the above findings have been communicated to you. Thank you for your cooperation.

Name

Signature



Post-Contract Review Template

This form can be used as a guide to help you evaluate the health and safety compliance of Contractors at the end of a contract.

Section 1: Contractor / Supplier Details

Contractor Company:	Contact Name:
<input type="text"/>	<input type="text"/>
Contractor Address:	
<input type="text"/>	
Telephone Number:	Email:
<input type="text"/>	<input type="text"/>

Section 2: Contractor Evaluation

<input type="checkbox"/> New Contractor / Supplier for Year	<input type="checkbox"/> Existing Contractor / Supplier	<input type="checkbox"/> End of Contract Review	<input type="checkbox"/> Annual Review
---	---	---	--

Details of Work Completed / Items Supplied:

<input type="text"/>

Questions	Yes / No
Was work completed / items supplied in time frames allocated?	<input type="text"/>
Was the workmanship to the required standard?	<input type="text"/>
Did the Contractor relate to employees and other Contractors in a professional manner?	<input type="text"/>
Was the Contractor work area kept in a clean and tidy state (overall housekeeping)?	<input type="text"/>
Did the Contractor demonstrate sufficient knowledge, management skills and experience to carry out the work?	<input type="text"/>
Did the Contractor(s) comply with health and safety policies and procedures, and legislation?	<input type="text"/>
Were any other hazards introduced to site that you were not aware of or not expecting?	<input type="text"/>
Did the Contractor demonstrate awareness of employee, client and public safety?	<input type="text"/>
Were Subcontractors managed and coordinated effectively (if applicable)?	<input type="text"/>



Questions	Yes / No
Were there any health, safety or environmental issues raised while the work was being conducted? If yes, summarise what they were below:	
Where there any recorded events? (Hazards, near misses, incidents, accidents etc.) Summarise below:	
Where any health or safety issues raised? Summarise below:	

Corrective Actions Recommended / Improvements:

--



Any Other Comments:

Persons Involved in this Review

Name	Position	Signed

Approval for Future Work

Would you use the contractor / supplier again?

Yes No

If no, please state reason for terminating contract: