

Handler Application Form

PLEASE TICK TYPE OF CERTIFICATION REQUIRED

- Certified Handler Compliance Certificate**
OR
 Certificate in Knowledge and Handling of Hazardous Substances

Applicant Details	Full Name	
	Residential Address	
	Mobile Number	
	DOB	
	Position at Work	
	Photo ID Type:	Type: Drivers Licence/Passport Other: _____ Number: _____

Notes:

- The Worksafe has requested we supply birth dates for each applicant.*
- A full Certified Handler Compliance Certificate will be issued which is valid for a period of five years.*
- The Certified Handler Compliance Certificate will be sent to the business in the first instance.*

Substances Handled (to be reflected on certificate)

Substance	Classification Eg: 6.1A or 6.1B	Quantity on site	Lifecycle: Manufacturing/ Use in Manufacturing/ Use/ Storage/ Disposal/ Transport (only Bulk)

Application Checklist:

- Candidate Application form Pages 1 completed and signed**
- On-site Competency and Working Knowledge Pages 2-4 completed and signed**
- Copy of Previous Approved Handler certificate if available**
- Copy of Photo ID :eg: Drivers License or Passport etc..**
- Copy of current Workplace Inventory**

Special note: Please ensure all sections of this application form are completed. Managers, team Leaders or Supervisors must sign the declaration on the onsite competency assessment to confirm that employees have the knowledge and the skills to undertake the ten (10) functions stated.

Applicant Declaration

I am confident that I have received the necessary training and work experience for the substances I have applied to be certified for. I declare the information (as per application checklist) I have supplied for this assessment is true, complete, and correct and I have been assessed for the competencies listed in this form by the supervisor named on my on-site assessment. I understand that it is an offence to make a false declaration, including supplying false or misleading information.

Applicant Signature: _____ Date: _____

Handler Application Form

On Site Competency+ Working Knowledge Assessment

This full section needs to be filled out by Work Supervisor/Management/PCBU

Work Supervisor/PCBU Details <u>Fill all areas</u>	Full Name	
	Company Name	
	Site Address	
	Contact Telephone Number	
	Contact Email Address	
	Position	
	Postal Address	
	Industry/Business Type	

Work Supervisor Sign off for Questions 1-10:

Candidate Competency and Working Knowledge Questions		Verification/Comments
1.	<p>Procedures, Risk and Records</p> <p>Has the worker received information, training and instruction of their responsibilities of being a Certified Handler and aware of your business procedures pertaining to HSWA and HSNO processes/requirements.</p> <p>Does the worker know how to do the jobs they are given that involve hazardous substances?</p> <p>Has the worker demonstrated working knowledge and competency in following procedures for handling hazardous substances?</p> <p>Does the worker know the harm each hazardous substance they use at work can cause harm?</p> <p>Has the worker had practical experience under direct supervision reflecting the risks associated with hazardous substances?</p> <p>Does the worker know to ask their supervisor questions if they don't know how to safety use or store a hazardous substance?</p> <p>Do you keep records or worker training and instruction. What format is it saved as(circle): I-cloud, Electronic copy, physical file, other: _____</p>	<p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p>
2.	<p>Change to Regulations</p> <p>Is the worker aware of the changes (where applicable) in the HSNO + HSWA Regulations in relation to the hazardous substances they are handling?</p>	<p>Yes /No</p>

Handler Application Form

3.	<p>Personal Protective Equipment</p> <p>Has the worker been provided the right safety equipment and PPE?</p> <p>Is the PPE in good repair and fit properly?</p> <p>Has the worker received information, training and instruction of Personal Protective Equipment (PPE).</p> <p>Does the worker understand the control measures at the workplace to reduce exposure to the substances and keep safe and healthy?</p> <p>Has the worker demonstrated their ability to select correct Personal Protective Equipment (PPE) for the hazardous substances they are handling. E.g. Eye Protection, respirator and gloves.</p>	<p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p>
4.	<p>SDS, Emergency Response and First Aid</p> <p>Does the worker know where the SDSs for substances are kept and how to access them?</p> <p>Have you trained your worker to use SDS and have condensed versions for them to refer to?</p> <p>Has the worker received information, training and instruction of the <i>workplace emergency procedures</i> and can demonstrate working knowledge of what to do in emergencies involving the substances they are handling. E.g. Spill, Fire and Flood.</p> <p>Has the worker been trained to use first aid equipment to deal with incidents involving hazardous substances, such as splashes?</p>	<p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p>
5.	<p>Equipment Handling</p> <p>Has the worker demonstrated working knowledge on the correct operation of equipment used with the relevant hazardous substances.</p> <p>What equipment is handled (e.g. Spray Gun, Printing Press and Dispensers)</p> <p>_____</p> <p>_____</p> <p>Has the worker received training in or demonstrated competency in the use of:</p> <p>PRODUCT HANDLING: Forklift Pallet Trolley Other</p> <p>SAFETY EQUIPMENT: Fire Extinguisher: What Type/s: _____ Fire Hose Reel Personal Protective Equipment Spill control Equipment Other</p>	<p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p>
6.	<p>Safe Work Instruments</p> <p>The worker is familiar with any appropriate Safe Work Instruments(SWI) and has revised and demonstrated working knowledge of any changes to the Hazardous substances they are handling? (if applicable)</p>	<p>Yes /No</p>
7.	<p>Control of Ignition- Flammable Substances</p> <p>The worker has demonstrated working knowledge and competency in checking there are not potential sources of ignition within the hazardous atmosphere zone. storage & use areas.</p>	<p>Yes /No</p> <p>Yes /No</p>
8.	<p>Disposal</p> <p>The worker has received information, training and instruction of Spills and Disposal of products on site</p> <p>Has the worker demonstrated working knowledge in how to contain spills and manage damaged product?</p> <p>Has the worker demonstrated working knowledge and ability to correct disposal of substances and packaging?</p>	<p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p>

Handler Application Form

9.	Segregation of Incompatible Substances	
	The worker has received information, training and instruction of Segregation of Incompatible substances on site	Yes /No
	Has the worker demonstrated working knowledge of which substances are incompatible and need to be stored separately?	Yes /No
	Has the worker demonstrated competency in selecting storage locations with respect to the storage plan and segregation requirements?	Yes /No
10.	Formulation of Mixtures	
	The worker has received information, training and instruction of mixing hazardous substances on site	Yes /No
	Has the worker demonstrated working knowledge of procedures when formulating mixtures?	Yes /No
	Has the worker demonstrated competency in following procedures for handling hazardous substances?	Yes /No

How were these assessments made *(please circle)* *Observation/ Verbal/ Written*

Summary of Candidate training & experience(qualifications) relative to these Hazardous Substances they are handling:

Work Supervisor/PCBU Declaration

I declare that the information I have supplied for this assessment is true, complete, and correct, and I have assessed the applicant for the competencies listed in this form and consider the applicant is able to carry out all competencies detailed in this assessment form.

I understand that it is an offence to make a false declaration, including supplying false or misleading information.

Work Supervisor/PCBU Signature: _____ Date : _____

Web: www.infernoconsultants.co.nz
 Email: admin@infernoconsultants.co.nz
 Phone: 07 827 3999