



Department of
Conservation
Te Papa Atawhai

Concessionaire Health & Safety Compliance Self-Declaration

(For concessionaires operating on public conservation land. Aligns with PCBU duties under the Health and Safety at Work Act 2015 — including s36 (PCBU duty to ensure health & safety of workers and others), s37 (duties relating to the workplace), s44 (officers' due diligence), and s45 (workers' duties)).

Section -A: Concession Details

Legal entity Name: _____

Trading name (if different): _____

Concession number: _____

Site(s)/operation area: _____

Section -B: Safety Plan Status

☐ We operate as an adventure activity operator (AAO) and are registered with WorkSafe NZ.

(Where this is confirmed, DOC does not require a separate Self-Declaration or safety documentation. [\(go to section F\)](#))

☐ We are not an AAO but maintain a safety plan audited by an Independent Auditor, and aligned with either current industry standards, recognised best practice or applicable sector-specific guidelines. [\(go to section F and provide the Audited Safety Certificate \(if not provided earlier\)\)](#)

☐ We are not an AAO and provide a Health & Safety Compliance Self-Declaration (this form) to DOC every five years (or earlier if requested).

Section -C: Safety Training & Induction Declaration

(as required under HSWA s36(3)(f) — PCBU duty to provide necessary information, training, instruction, and supervision)

☐ All workers have completed safety induction.

(☐ Yes ☐ Partially ☐ No)

☐ Workers understand relevant hazards and controls.

(☐ Yes ☐ Partially ☐ No)

☐ Specialist training has been completed where required.

(☐ Yes ☐ Partially ☐ No)

Department of Conservation Te Papa Atawhai

National Office

PO Box 10420, Wellington 6143, New Zealand

www.doc.govt.nz

Section -D: Acknowledgement of HSWA Duties

The concessionaire acknowledges key duties under the HSWA 2015, including:

- **s36** – duty of PCBU to ensure the health and safety of workers and other persons
- **s37** – duties relating to workplaces under the PCBU's control
- **s44** – officers' due diligence
- **s45** – workers' duties

Please indicate your level of compliance:

- | | |
|---|--|
| ☐ We ensure the health and safety of workers and others. | (☐ Yes ☐ Partially ☐ No) |
| ☐ We identify, manage, and review risks. | (☐ Yes ☐ Partially ☐ No) |
| ☐ We ensure workers are trained and competent. | (☐ Yes ☐ Partially ☐ No) |
| ☐ We maintain safe equipment and effective emergency procedures. | (☐ Yes ☐ Partially ☐ No) |
| ☐ We coordinate with DOC and other overlapping PCBUs. . | (☐ Yes ☐ Partially ☐ No) |

Section -E: Hazard & Risk Management Declaration

(as required under HSWA s36 — PCBU duty to manage risks by eliminating or minimising them so far as reasonably practicable)

- | | |
|--|--|
| ☐ Critical safety and health risks (including psychosocial risks) are identified. | (☐ Yes ☐ Partially ☐ No) |
| ☐ Risks are assessed and controlled using the hierarchy of controls. | (☐ Yes ☐ Partially ☐ No) |
| ☐ Control measures are monitored for effectiveness and updated as work changes. | (☐ Yes ☐ Partially ☐ No) |
| ☐ Incidents and near misses are reported, investigated, and used to drive improvements. | (☐ Yes ☐ Partially ☐ No) |
| ☐ Emergency plans are current, tested, and understood by workers. | (☐ Yes ☐ Partially ☐ No) |
| ☐ A risk register is maintained. | (☐ Yes ☐ Partially ☐ No) |
| ☐ Notifiable events are reported to DOC, WorkSafe NZ or relevant PCBU. | (☐ Yes ☐ Partially ☐ No) |

Section -F: Declaration

I hereby declare that the information provided is complete and accurate to the best of my knowledge and I have the authority to sign this document. I understand that if the information provided is proven to be false, or misleading, or fails to comply with industry standards, this may result in the Department of Conservation taking compliance action pursuant to the terms of my concession, which could include suspension or termination.

Signature: _____

Name: _____

Role/Position: _____

Date completed: _____

Department of Conservation Te Papa Atawhai

National Office

PO Box 10420, Wellington 6143, New Zealand

www.doc.govt.nz