



In Association with
Silviculture Solutions Ltd
(Wholly owned subsidiary)

PO Box 1437
ROTORUA
Ph/Fax: 07 350 1333

Equipment Statement of Responsibility & Liability - Employee

Date: / /

I _____ (employees full name) of CNI Crew # _____
Understand that any purchase of pruners, chainsaws and any other equipment will remain the property of CNI Forest Management Limited until they have been paid for in full by me.
I also understand that chainsaws remain under the authority and responsibility of the crew manager and must be stored in the crew van, until the purchase price has been reimbursed to CNI Forest Management Limited in full by me.

Signed by the employee _____

Tools & Equipment Statement of Responsibility & Liability – Crew Manager

Date: / /

I _____ (Crew Managers full name) Of CNI Crew # _____
Understand that I am responsible for the care and storage of all Chainsaws until paid for in full by the employee.
I also understand that if I allow a Chainsaw to be taken home by an employee prior to it being paid for in full, that I am liable for the remaining cost of the saw if it is stolen.

Signed by the Crew Manager _____

Overseas Work Permit Information

Passport Number _____

Country _____ **Language** _____

Work Permit Visa valid from ___/___/___

Work permit Visa expires ___/___/___

Authorisation

I agree to information regarding my passport and work visa being entered into a database held by CNI Forest Management Ltd.

I also agree to CNI Forest management ltd keeping a copy of my passport including work visa information to be held in the companies' employee files.

Full Name _____ **Signature** _____ **Date** ___/___/___

I fully understand that if my work permit is granted because CNI Forest Management ltd offered to give me employment, then I agree that CNI Forest Management ltd will hold my passport until my work permit has expired

Full Name _____ **Signature** _____ **Date** ___/___/___

CNI Manager _____ **Signature** _____ **Date** ___/___/___



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INDUCTION

Employee Information Record

Start Date: ____/____/____

Crew #

A. Personal Details

Age#

Name: _____ DOB: ____/____/____

Address: _____

Town / City _____

Home Telephone _____ Mobile _____

Bank Account No: □□-□□□□-□□□□□□□□-□□□□

Credit Union ref#: □□□□ Name: _____

Bank: _____ Branch: _____

IRD No: □□-□□□□-□□□□

B. Next of Kin Information- To Be Contacted In The Event Of An Emergency

Name: _____ Relationship: _____

Address: _____

Phone: _____ Other phone: _____

C. Authorisation

I authorise CNI Forest Management Ltd to obtain such information as is necessary for the preparation of my wages from Bankers, Work & Income NZ and the Inland Revenue Department. I agree to information from this induction being entered into the CNI Forest Management database. I authorise CNI Forest Management to deduct monies from my wages that relate to items I have booked up under CNI Forest Management Ltd credit.

Name: _____ Signature: _____ Date: ____/____/____

Supervisor: _____ Signature: _____ Date: ____/____/____



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Crew

Phone & Address

NEW START EMPLOYEE/SITE VISITOR SAFETY MANAGEMENT

Name: _____ DOB: ____ / ____ / ____

Before any New Start or Site Visitor boards a CNI vehicle the Crew Manager, Supervisor or Health & Safety Manager must complete the Following Safety Requirements;

Safety Requirements (NO EXCEPTIONS)	New start / Visitor sign	Crew boss sign off	date
Person understands a CNI vehicle is deemed a place of work , requiring safe behaviour including wearing of seatbelt at all times.			
Person understands the Forest Owners Emergency Procedure Card, (as displayed in van)			
Person understands OSH Code of practice for forestry, particularly, pages 33, 34, 41-47, 75-81. 82-88 for thinners. (as Held in Crew Managers Suitcase)			
Person understands Accident Reporting including minor incidents, (as Held in Crew Managers Suitcase)			
Person has Correct Personal Protective Equipment (as detailed in the CNI Health & Safety Management Manual held in Crew Manager Suitcase)			
Person understands CNI in-House Rules & Forest Owner Rules (As Held in Crew managers Suitcase)			
Person understands the list of Known Hazards (back of Haz ID Book & the Hazard Register in Crew manager Suitcase)			
Person knows who are the qualified first aiders in the crew			
Person knows location of fire equipment & first aid kit			
Person understand crew location board, and how to make emergency call on RT			
Person (no prior experience) are fulltime supervised by crew boss			
Ask Person to declare any medical ailment, or previous injury he is aware of that may effect his / her safety on site.			

ALL CHAINSAW OPERATORS MUST COMPLETE QUALIFICATIONS & EXPERIENCE CHECK, & SAFETY INDUCTION WITH HEALTH & SAFETY MANAGER, BEFORE ENTERING WORK SITE
(includes restarts)

DRUG TESTING AGREEMENT (for New Starts only) Completed within 1st week of start up.

I _____ (full name of New Start)
give permission to be drug tested for Cannaboids, Opiates, Benzodiazepines, Cocain, Amphetamines. I understand my employment is dependant on returning a negative test. Results of test are entered into the CNI Drug Test Register. I agree to undergo further drug testing where there is reasonable cause to do so, or as part of CNI Forest Managements random or programmed drug screening program. I have read and agree with the CNI drug & Alcohol policy

Signed (Employee) _____ Date ____ / ____ / ____

Signed (CNI) _____ Date ____ / ____ / ____

Drug test result please circle		
Passed	failed	Self Confessed Fail

	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you suffer from asthma?	yes		no		
Are you sensitive or allergic to any chemical or substance?	yes		no		
Are you allergic to bee stings?	yes		no		
Do you require corrective lenses or contact lenses?	yes		no		
Do you suffer from epilepsy, blackouts or seizures?	yes		no		
Do you have any hearing impairments?	yes		no		
Do you Suffer from diabetes?	yes		no		
Do you Suffer from heart problems?	yes		no		
Do you Suffer from high or low blood pressure?	yes		no		
Have you ever has a back injury?	yes		no		
State any serious injury or illness you have ever had?					
State any prescription medicine you carry;					
State any other known condition that may affect your ability to carry out the position applied for;					
I agree to undergo a medical check and supply a medical report within 14 days if requested.					
Signed;		Dated / /			

EMPLOYEE ORIGIN – PLEASE TICK AS APPLICABLE

	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employee has come a benefit situation (eg WINZ)		
Employee has come direct from school		
Employee has come another job in another industry		
Employee has come from another forestry job		
Employee has come from a non work or home situation without income		