

Part 6 Appendix 4 Road Opening Notice (RON) 6.2.2 (Standard)

RON # _____

PURSUANT To: (tick one)

- Sections 24 and 25 of the Electricity Act 1992 Sections 25 and 26 of the Gas Act 1992
 Sections 135, 136 & 142 of the Telecommunications Act 2001 Auckland Metropolitan Drainage Act 1960
 Local Government Act 1974

I (name) _____ as agent for the Principal Provider detailed below, notify:

RCA(s) <input type="checkbox"/> Auckland City Council <input type="checkbox"/> Franklin District Council <input type="checkbox"/> Manukau City Council <input type="checkbox"/> Papakura District Council <input type="checkbox"/> North Shore City Council <input type="checkbox"/> Rodney District Council <input type="checkbox"/> Waitakere City Council		Owners of Other Networks <input type="checkbox"/> CityLink <input type="checkbox"/> UnitedNetworks <input type="checkbox"/> Metrowater <input type="checkbox"/> Vector <input type="checkbox"/> Natural Gas Corporation <input type="checkbox"/> Vodafone <input type="checkbox"/> Tangent <input type="checkbox"/> Council (Water) <input type="checkbox"/> Telecom <input type="checkbox"/> United Water <input type="checkbox"/> TelstraClear <input type="checkbox"/> Other.....	
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of intention to undertake the following work for and on behalf of:

PRINCIPAL DETAILS

Company	Project Manager		
Phone	Day	A/H	Mobile
			Fax

Type of Work: (tick one)

- Project Major Minor Emergency

Location of Work: (indicate all aspects)

- Within 50m of Traffic Lights Footpath Berm Carriageway

Details of Work (indicate all aspects):

- Open trenching Trenchless construction Installing pedestal/s
 Installing cabinet/s Installing chamber/s Installing other structure (specify below)
 Installing pole/s Removing structure (specify below)

Description of Work:			
Address of Work (incl. Street numbers)			
Post this RON to the following Name and Address			
Utility Reference No:	Resource Consent No: (if required)		
Estimated Start Date:	Duration (days)		
Proposed Work Hours			

CONTRACTOR DETAILS:

Company	Contact		
Address			
Phone	Day	A/H	Mobile
			Fax

If you seek to impose any conditions on the proposed work, please notify me within

- 20 working days for telecommunication works 15 working days for all other works

ACCEPTANCE BY PRINCIPAL PROVIDER

We hereby agree for / or on behalf of the Principal Provider to comply in full with the requirements of the Auckland Region Code of Practice for Working in the Road, and to keep this notice on site while work is in progress.

Signature _____ Date _____

FOR RCA APPROVAL USE ONLY

Any specific conditions imposed by the RCA in relation to the works described by this notification are appended. Commencement of the work described will be deemed by the RCA as acceptance of those conditions by the Principal Provider and the Contractor. Note: All work must comply with Health and Safety Act 1991 or any amendments thereto. This notification is valid for 3 months from date of issue.

Signed (on behalf of RCA) _____ Date of Issue _____

CONTRACTOR SAFETY PRE-QUALIFICATION DETAILS

AUCKLAND REGIONAL COMBINED LOCAL AUTHORITIES

In order that the principal and the said contractor meet their mutual obligations under the Health and Safety in Employment Act 1992 please provide the following information.

1. A copy of your Health & Safety Policy.

2. Health & Safety Programme

Does your programme include the following:

- | | | |
|-----|--------------------------------------|----------|
| (a) | Safe work practices and safety rules | Yes / No |
| (b) | Safety supervision | Yes / No |
| (c) | Emergency procedures | Yes / No |
| (d) | First-aid procedures | Yes / No |
| (e) | Accident – incident reporting | Yes / No |
| (f) | Accident – incident investigation | Yes / No |
| (g) | New employees induction | Yes / No |
| (h) | Hazard investigation | Yes / No |
| (i) | Training standards | Yes / No |

Please provide documentation to substantiate the above.

3. What is your safety programme performance measurement process?

4. Total number of staff

Total days lost

(Work related accidents for previous 12 months)

5. Supervision of Contract:

Contract Supervisor

Experience/Qualifications

(Incl. Trade Qual/Safety Supervision Certificate)

Signature:

Director/Manager:

Date:
