



# Construction Industry Key Performance Indicators - Safety

Return Postal Address:  
New Zealand Centre for Advanced Engineering, Private Bag 4800, Christchurch 8140  
Fax: 03 364 2069  
Online form at [http://www.caenz.com/KPI\\_Survey/KPI\\_Letter.html](http://www.caenz.com/KPI_Survey/KPI_Letter.html)

## Contractor Safety Questionnaire

While we would appreciate your providing us with your company details, which, will be kept confidential, we are comfortable with Questions 1 through 3 being left blank.

1. Contact Name \_\_\_\_\_

2. Organisation \_\_\_\_\_

3. Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

4. What type of contractor are you? (Principal activity only - Please tick one box)

- |                                       |                          |   |                          |
|---------------------------------------|--------------------------|---|--------------------------|
| General Construction                  | <input type="checkbox"/> | Building Construction                   | <input type="checkbox"/> |
| House Construction                    | <input type="checkbox"/> | Residential Building Construction Other | <input type="checkbox"/> |
| Non-Residential Building Construction | <input type="checkbox"/> | Non-Building Construction               | <input type="checkbox"/> |
| Road and Bridge Construction          | <input type="checkbox"/> | Non-Building Construction Other         | <input type="checkbox"/> |
| Construction Trade Services           | <input type="checkbox"/> | Site Preparation Services               | <input type="checkbox"/> |
| Building Structure Services           | <input type="checkbox"/> | Installation Trade Services             | <input type="checkbox"/> |
| Building Completion Services          | <input type="checkbox"/> | Other Construction Services             | <input type="checkbox"/> |
| Other: (please specify)               | <input type="checkbox"/> | _____                                   |                          |

5. What was your companies annual turnover on all of its construction activity? \$ \_\_\_\_\_

## GENERAL

6. Were you a provider of vertical building goods and/or services over the last 24 months?

Yes  No  If yes then please answer Question 8, or go on to Question 11;

Sponsored by:



Supported by



