

HEALTH AND SAFETY SPECIFICATIONS

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1. INTRODUCTION AND BACKGROUND

1.1. Background to the Health and Safety Specification

The Construction Regulations 2014 place the onus on the Client to prepare a pre- construction health & safety specification, highlighting all risks before and during construction.

1.2. Purpose of the Health and Safety Specification

The purpose of this specification is to assist in achieving compliance with the Occupational Health & Safety Act 85/1993 and with Construction Regulations 2014 in order to reduce incidents and injuries.

The application of this Health and Safety specification shall

- Ensure that health and safety requirements are incorporated into the contract, conditions of tender and pricing documents.
- Establish a systematic approach in evaluating the bidding contractors, and
- Act as the basis for the drafting of the construction phase health & safety plan and ensure that the contractor's performance is adequately monitored and managed for the duration of the contract.

These specifications in no way release Contractors from compliance with the relevant Legal requirements.

2. SCOPE

This Specification applies to all principal contractors, contractors and sub-contractors contracted directly or indirectly to do work on behalf of TNPA at the following stages of the projects; Pre tender stage; Contract award stage; Project execution and Project closes out and hand over.

3. Interpretations

3.1. Application

This specification is a compliance document drawn up in terms of South African legislation and is therefore binding. It must be read in conjunction with relevant legislation as noted previously.

3.2. Definitions

The definitions as listed in the Occupational Health & Safety Act 85/1993 and Construction Regulations 2014 shall apply.

4. Minimum Administrative Requirements

The principal contractor must prepare, implement and administer the Contractor's Health and Safety Management Plan. The Plan is in writing and accepted by TNPA, prior to mobilisation to the construction site for work under the Contract, to TNPA or TNPA nominated Representative, for acceptance. The Health and Safety Management Plan must comply with this Contract including Project Site Rules, and applicable law relating to Workplace Health and Safety and Environmental Health. Any proposed amendments or revisions to the Contractor's Safety Management Plan is submitted to TNPA for acceptance, and once accepted, it becomes part of the TNPA Safety Management Plan.

The Health and Safety Management Plan must provide a systematic method of managing hazards according to the risk priority, and must include all mobilization and site set-up activities.

The Plan will be audited for completeness by TNPA or TNPA nominated Representative using an Audit Tool, and a score of 90% will be required before it will be "accepted with comments". The Plan is presented and at least "accepted with comments" by TNPA BEFORE permission will be granted to the Contractor to mobilise to site.

The Contractor's Health and Safety Management Plan must demonstrate Management's commitment to safety and must include, but not be limited to, the following minimum auditable elements:

4.1. Legal Appointments.

The Contractor shall submit supervisory appointments as well as any relevant appointments in writing (as stipulated by the OHS Act and Regulations (85 of 1993)), prior to commencement

of work. Proof of competency must be included. See Annexure B.

4.2. Competency for Contractor's Appointed Competent Persons

Contractors' competent persons for the various risk management portfolios shall fulfil the criteria as stipulated under the definition of Competent in accordance with the Construction Regulations 2014. Proof of competence for the various appointments must be included.

4.3. Compensation of Occupational Injuries and Diseases Act 130 of 1993(COIDA)

The Principal Contractor shall submit a letter of good standing with its Compensation Insurer to the Client as proof of registration. Sub-Contractors shall submit proof of registration to the Principal Contractor before they commence work on site.

4.4. Occupational Health and Safety Policy

The Principal Contractor and all Sub Contractors shall submit a Health and Safety Policy signed by their Chief Executive Officer. The Policy must outline objectives and how they will be achieved and implemented by the Company / Contractor.

4.5. Health and Safety Organogram

The Principal Contractor and all Sub Contractors shall submit an organogram, outlining the Health and Safety Site Management Structure including the relevant appointments/competent persons. In cases where appointments have not been made, the organogram shall reflect the intended positions. The organogram shall be updated when there are any changes in the Site Management Structure.

4.6. Preliminary Hazard Identification and Risk Assessment and Progress Hazard Identification and Risk Assessment

The Contractor shall cause a hazard identification to be performed by a competent person before commencement of construction work, and the assessed risks shall form part of the construction phase health and safety plan submitted for approval by the Client. The risk
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assessment must include;

- a) A list of hazards identified as well as potentially hazardous tasks;
- b) A documented risk assessment based on the list of hazards and tasks;
- c) A set of safe working procedures (method statements) to eliminate, reduce and/or control the risks assessed;
- d) A monitoring and review procedure of the risks assessment as the risks change.

The Principal Contractor shall ensure that all Sub Contractors are informed, instructed and trained by a competent person regarding any hazards, risks and related safe work procedures before any work commences and thereafter at regular intervals as the risks change and as new risks develop. Proof of this must be kept for inspection by the Client or Client Representative.

The Principal Contractor shall be responsible for ensuring that all persons who could be negatively affected by its operations are informed and trained according to the hazards and risks and are conversant with the safe work procedures, control measures and other related rules (tool box talk strategy to be implemented).

4.7. Health and Safety Representative(s)

The Principal Contractor and all Contractors shall ensure that Health and Safety Representative(s) are appointed under consultation and trained to carry out their functions. The appointment must be in writing. The Health and Safety Representative shall carry out regular inspections, keep records and report all findings to the Responsible Person forthwith and at health and safety meetings.

4.8. Health and Safety Committees

The Principal Contractor shall ensure that project health and safety meetings are held monthly and minutes are kept on record. Meetings must be organised and chaired by the Principal Contractor's Responsible Person. All Contractors' Responsible Persons and Health and Safety Representatives shall attend the monthly health and safety meetings. Sub- Contractors

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shall also have their own internal health and safety committees in accordance with the OHS Act 85/1993 and minutes of their meetings shall be forwarded to the Principal Contractor on a monthly basis.

4.9. Health and Safety Training

4.9.1. Awareness

The Principal Contractor shall ensure that, on site, periodic toolbox talks take place daily. These talks should deal with risks relevant to the construction work at hand. A record of attendance shall be kept in the health & safety file. All Contractors have to comply with this minimum requirement. At least one of the Toolbox talks shall be on any environmental related issue.

4.9.2. Competency

All competent persons shall have the knowledge, experience, training, and qualifications specific to the work they have been appointed to supervise, control, and carry out. This will have to be assessed on regular basis e.g. periodic audits by the Client, progress meetings, etc. The Principal Contractor is responsible to ensure that competent Sub Contractors are appointed to carry out construction work.

4.9.3. Rules of conduct.

Principal contractors, their sub-contractors and all employees under their control, including any visitor brought onto site must adhere to the following Rules of conduct on site.

YOU MAY NOT:

- * Partake, possess or sell drugs or alcoholic beverages on site. Any employee or visitor whose action and demeanour show symptoms of possible narcosis or drunkenness shall be removed from site.

- * Indulge in practical jokes, horseplay, fighting or gambling.

- * Destroy or tamper with safety devices, symbolic signs or wilfully and unnecessarily discharge fire extinguishers.
- * Bring onto site or have in your possession a firearm, lethal weapon.
- * Assault, intimidate or abuse any other person.
- * Operate construction equipment (vehicles or plant) without the necessary training and authorisation.
- * Display insubordination toward any supervisor, foreman or Manager in respect to carrying out of properly issued instructions or orders for health and Safety reasons.
- * Enter any area where you have no business unless authorised to do so by the person in charge.
- * Negligently, carelessly or wilfully cause damage to property of others.
- * Refuse to give evidence or deliberately make false statements during investigations.
- *

4.10. General Record Keeping

The Principal Contractor and all Sub Contractors shall keep and maintain Health and Safety records to demonstrate compliance with this Specification, with the OHS Act 85/1993; and with the Construction Regulations (July 2003). The Principal Contractor shall ensure that all records of incidents/accidents, training, inspections; audits, etc. are kept in a health & safety file held in the site office. The Principal Contractor must ensure that every Sub Contractor opens its own health & safety file, maintains the file and makes it available on request.

4.10.1. Inspection of equipment and tools.

The following items of equipment must be regularly inspected and maintained and appropriate records kept.

- * First Aid dressing registers.
- * Fire equipment
- * Lifting equipment
- * Lifting Gear
- * Portable electrical equipment

- * Stacking and storage inspections
- * Explosive power tools
- * Materials hoist (where applicable)
- * Pressure Vessels
- * Ladders
- * Excavations
- * Safety harnesses
- * Scaffold - static and mobile.
- * Pneumatic tools
- * Construction vehicles and mobile plant.
- * Health and Safety Representatives checklists.

4.11. Health & Safety Audits, Monitoring and reporting

The Client shall conduct monthly health & safety audits of the work operations including a full audit of physical site activities as well as an audit of the administration of health & safety. The Principal Contractor is obligated to conduct similar audits on all Sub Contractors appointed by them. Detailed reports of the audit findings and results shall be reported on at all levels of project management meetings/forums. Copies of the Client audit reports shall be kept in the Primary Project Health & Safety File while the Principal Contractor audit reports shall be kept in their file, a copy being forwarded to the Client. Sub-Contractors have to audit their sub-contractors and keep records of these audits in their health & safety files, available on request.

4.12. Emergency Procedures

The Principal Contractor shall submit a detailed Emergency Procedure for approval by the Client prior to commencement on site. The procedure shall detail the response plan including the following key elements:

- a) List of key competent personnel;
 - b) Details of emergency services;
 - c) Actions or steps to be taken in the event of the specific types of emergencies;
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d) Information on hazardous material/situations.

Emergency procedure(s) shall include, but shall not be limited to, fire, spills, accidents to employees, use of hazardous substances, bomb threats, major incidents/accidents, etc. The Principal Contractor shall advise the Client in writing forthwith, of any emergencies, together with a record of action taken. A contact list of all service providers (Fire Department, Ambulance, Police, Medical and Hospital, etc.) must be maintained and available to site personnel.

4.13. First Aid Boxes and First Aid Equipment

The Principal Contractor and all Sub Contractors shall appoint in writing First Aider(s). The appointed First Aider(s) are to be sent for accredited first aid training. Valid certificates are to be kept on site. The Principal Contractor shall provide an on-site First Aid Station with first aid facilities, including first aid boxes adequately stocked at all times. All Sub Contractors with more than 5 employees shall supply their own first aid box. Sub-Contractors with more than 10 employees shall have a trained, certified first aider on site at all times.

4.14. Accident / Incident Reporting and Investigation

Injuries are to be categorised into first aid; medical; disabling; and fatal. The Principal Contractor must stipulate in its construction phase health & safety plans how it will handle each of these categories. When reporting injuries to the Client, these categories shall be used. The Principal Contractor shall investigate all injuries, with a report being forwarded to the Client forthwith. All Contractors have to report on the 4 categories of injuries to the Principal Contractor at least monthly. The Principal Contractor must report all injuries to the Client in the form of a detailed injury report at least monthly. **A 24 hour notification report must be submitted immediately before the end of the shift (see 24 Hour report template)**

4.15. Hazards and Potential Situations

The Principal Contractor shall immediately notify other Sub Contractors as well as the Client

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of any hazardous or potentially hazardous situations that may arise during performance of construction activities.

4.16. Personal Protective Equipment (PPE) and Clothing

The Principal Contractor shall ensure that all workers are issued and wear hard hats, safe footwear and overalls. The Principal Contractor and all Sub Contractors shall make provision and keep adequate quantities of SABS approved PPE on site at all times. The Principal Contractor shall clearly outline procedures to be taken when PPE or Clothing is:

- a) Lost or stolen;
- b) Worn out or damaged.

The above procedure applies to Sub Contractors and their contractors, as they are all Employers in their own right.

4.17. Occupational Health and Safety Signage

The Contractor shall provide adequate on-site OHS signage. Including but not limited to „no unauthorised entry, report to site office „,“ site office, beware of overhead work, „hard hat area“. Signage shall be posted up at all entrances to site as well as on site in strategic locations e.g. access routes, stairways, entrances to structures and buildings, scaffolding, and other potential risk areas/operations.

4.18. Permits

Permits may include the following:

- 4.18.1. Work for which a fall prevention plan is required
- 4.18.2. Use of cradles

4.19. Incentives & Penalties

Penalties will be implemented for ongoing non-compliance to the provisions of the construction-phase health & safety plan as submitted by the Principal Contractor.
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5.1. Piling

The Contractor shall ensure that piling is undertaken by a competent Contractor. A SWP shall be submitted to the Client for approval before commencement of this work.

5.2. Stacking of Materials

The Principal Contractor and other relevant Sub Contractors shall ensure that there is an appointed staking supervisor and all materials, formwork and all equipment is stacked and stored safely.

5.3. Speed Restrictions and Protection

The Principal Contractor shall ensure that all persons in its employ, all Sub Contractors, and all those that are visiting the site are aware and comply with the site speed restriction(s). Separate vehicle and pedestrian access routes shall be provided, maintained, controlled, and enforced.

6. Plant and Machinery

Vehicles shall not enter site with:

- * Defective exhaust systems
- * Serious oil or fuel leaks
- * Unsafe bodywork or loads
- * Non-standard equipment fitted.
- * Improperly seated passengers
- * Any obvious mechanical defects.

All earth moving equipment shall be operated in accordance with good safety practice so as to protect the safety of the operator and other workers or persons in the area. All earth moving equipment shall be equipped with a reverse siren.

6.4 Hired Plant and Machinery

The Principal Contractor shall ensure that any hired plant and machinery used on site is safe for use. The necessary requirements as stipulated by the OHS Act 85/1993 and Construction Regulations 2014 shall apply. The Principal Contractor shall ensure that operators hired with machinery are competent and that certificates are kept on site in the health and safety file. All relevant Sub Contractors must ensure the same.

6.5. Lifting Machines and Tackle

The Principal Contractor and all Contractors shall ensure that lifting machinery and tackle is inspected before use and thereafter in accordance with the Driven Machinery Regulations and the Construction Regulations (section 22). There must be competent lifting machinery and tackle inspector who must inspect the equipment daily or before use, taking into account that:

- a) All lifting machinery and tackle has a safe working load clearly indicated
- b) Regular inspection and servicing is carried out;
- c) Records are kept of inspections and of service certificates;
- d) There is proper supervision in terms of guiding the loads that includes a trained banks man to direct lifting operations and check lifting tackle;
- e) The tower crane bases have been approved by an engineer;
- f) The operators are competent as well as physically and psychologically fit to work and in possession of a medical certificate of fitness to be available on site.

6.6. Ladders and Ladder Work

The Principal Contractor shall ensure that all ladders are inspected monthly, are in good safe working order, are the correct height for the task, extend at least 1m above the landing, fastened and secured, and at a safe angle. Records of inspections must be kept in a register on site. Sub-Contractors using their own ladders must ensure the same. Ladders shall not be used as horizontal walkways or as scaffolding. Tools or equipment must be carried in suitable slung containers or hoisted up to the working position.

6.7. General Machinery

The Principal Contractor and relevant Sub Contractors shall ensure compliance with the Driven Machinery Regulations, which include inspecting machinery regularly, appointing a competent person to inspect and ensure maintenance, issuing PPE or clothing, and training those who use machinery

6.8. Public and Site Visitor Health and Safety

The Principal Contractor shall ensure that every person working on or visiting the site, as well as the public in general, shall be made aware of the dangers likely to arise from site activities, including the precautions to be taken to avoid or minimise those dangers. Appropriate health and safety notices and signs shall be posted up, but shall not be the only measure taken.

Both the Client and the Principal Contractor have a duty in terms of the OHS Act 85/1993 to do all that is reasonably practicable to prevent members of the public and site visitors from being affected by the construction activities.

Site visitors must be briefed on the hazards and risks they may be exposed to and what measures are in place or should be taken to control these hazards and risks. A record of these „induction" must be kept on site in accordance with the Construction Regulations.

6.9. Transport of Workers

The Principal Contractor and other Sub Contractors shall not:

- a) Transport persons together with goods or tools unless there is an appropriate area or section to store them;
- b) Transport persons in a non-enclosed vehicle, e.g. truck; there must be a proper canopy (properly covering the back and top) with suitable sitting area. Workers shall not be permitted to stand or sit at the edge of the transporting vehicle.

7. Occupational Health and Hygiene.

7.1. Occupational Hygiene

Exposure of workers to occupational health hazards and risks is very common in any work

environment, especially in construction. Occupational exposure is a major problem and all Principal Contractors must ensure that proper health and hygiene measures are put in place to prevent exposure to these hazards. Prevent inhalation, ingestion, and absorption of any hazardous substance and high noise level exposure.

7.2. Fitness for Duty

The Contractor must ensure that personnel under its control and authority comply with the requirements of the Fitness for Duty and are bound by its Disciplinary Provisions, regarding the possible effects of:

- a) General level of personal fitness and/or medical conditions
- b) The consumption of alcohol
- c) The use of other drugs (prescription, pharmaceutical or illicit)
- d) Fatigue
- e) Stress

7.3 Health Assessments and Health Monitoring

The principal contractor must ensure that all his personnel are healthy and medically fit for their respective assignments and must certify the same to TNPA if so requested. The Principal Contractor is responsible for Pre-placement, Exit Medicals and On-going Health Assessments. The Contractor must ensure that Operators of mobile equipment undergo “fit for work” medical examination every 1 year and Crane Operators engaged in lifting man boxes every 5 years. This medical is to certify that the Medical Practitioner has examined the Operator and formed the opinion that the Operator is free from deafness, defective vision, epilepsy, heart disease, and any other infirmity likely to cause the Operator to lose control of the machine being operated.

The Contractor is responsible for the medical welfare of its own employees, servants or agents and their families.

7.4. Welfare Facilities

The Principal Contractor must supply Sufficient toilets (1 toilet per 30 workers), showers (1 for TNPA Health and Safety Specification: rev 0

every 15 workers), changing facilities, hand washing facilities, soap, toilet paper, and hand drying material must be provided. Waste bins must be strategically placed and emptied regularly. Safe, clean storage areas must be provided for workers to store personal belongings and personal protective equipment. Workers should not be exposed to hazardous materials/substances while eating and must be provided with sheltered eating areas.

7.5 Alcohol and other Drugs

No alcohol and other drugs will be allowed on site. No person may be under the influence of alcohol or any other drugs while on the construction site. Any person on prescription drugs must inform his/her superior, who shall in turn report this to the Principal Contractor forthwith. Any person suffering from any illness/condition that may have a negative effect on his/her safety performance must report this to his/her superior, who shall in turn report, this to the Principal Contractor forthwith. Any person suspected of being under the influence of alcohol or other drugs must be sent home immediately, to report back the next day for a preliminary inquiry. A full disciplinary procedure must be followed by the Principal Contractor or Sub Contractor concerned and a copy of the disciplinary action must be forwarded to the Principal Contractor for his records.

Annexure A

CONTRACTOR MANAGEMENT CHECKLIST

The Principal Contractor shall comply but not be limited to the following requirements:
report on these to the Client at progress meetings or at least monthly whichever is sooner

What	When	Output	Accepted by Client & date
Induction training	Every worker before he/she starts work.	Attendance registers	
Awareness Training (Tool Box Talks)	daily	Attendance registers	
Health and Safety Reports	Monthly	Report Covering : 1. Incidents/accidents and investigations 2. Non conformances by employees and contractors 3. Internal and external H&S audit reports	
Emergency procedures	Ongoing evaluation of procedures	Table procedures in writing as well as tel. numbers	
Risk assessment	Updated and signed off at least monthly	Documented risk assessment	
Safe work procedures	Drawn up before workers are exposed to new risks	Documented set of safe work procedures (method statements) updated and signed off.	
General inspections	Weekly & daily	Report OHS Act compliance : 1. Scaffolding 2. Excavations 3. Formwork & support work 4. Explosive tools	
General inspections	Monthly	1. Fire fighting equipment 2. Portable electrical equipment 3. Ladders 4. Lifting equipment /slings	
List of Contractors	List to be updated weekly	Table list, number of workers and Company tel. numbers	
Workman's Compensation	Ongoing	Table a list of Contractor's workman's compensation proof of good standing	
Construction site rules & Section 37.2 Mandatory Agreement	Ongoing	Table a report of all signed up Mandatories.	

ANNEXURE B

CONTRACTOR SHE FILE CHECKLIST

CONTRACTOR SHE FILE CHECKLIST

SAFETY, HEALTH AND ENVIROMENTAL REQUIREMENTS

CONTRACTOR	YES	NO	COMMENTS
1. Site Specific Organogram of reporting structure. This document must provide all persons appointed in terms of OHS Act No. 85 of 1993 including contact details. (rev, date, approval)			
2. Contractor scope of work information (Company Profile)			
3. Notification of Construction Work to the Department of Labour: Document to display required information as per OHS Act No.85 of 1993 – Construction Regulations Annexure A, Must carry the stamp of acceptance from the Department of Labour.			
4. APPLICATION FOR A PERMIT TO DO CONSTRUCTION WORK			
5. Valid Letter of Good Standing with FEM/WCA: And proof of relevant insurances to carry out work.			
MANAGEMENT PLANS			
6. Copy of reference documents: Health, Safety and Environmental Specification Including a signed register of communication to Managers, Supervisors & Safety Officers			
7. Contractor Health & Safety Plan correlating with TNPA Health and Safety Specification			
8. Contractors Health and Safety Policy			
9. Contractors Incident Management Plan			
10. Site Specific Emergency Plan			
11. Contractors Traffic Management Plan (if applicable)			
12. Contractor Environmental Management Plan correlating with TNPA Environmental Plan			
13. Procedure for handling Hazardous Chemical Substances and Applicable MSDS.			
APPOINTMENTS			

14. Fully completed Appointments of the following but not limited to:			
• Sec. 16(2) – Delegated Authority (Assistant to the CEO)			
• CR 8(7) – Construction Supervisor			
• CR 8(8) – Assistant Construction Supervisor			
• CR 8(5) – Construction Safety Officer			
• CR 9(1) – Risk assessor			
• CR 10. (1)(a) – Fall Prevention Coordinator (if applicable)			
• CR 23.(d)(k) – Vehicle operator and Inspector			
• GSR 3.4 – First aider			
• CR 29 (h) – Fire Fighter			
• Sec 24, GAR 9(2) – Incident Investigator			
• CR 13(1)(a) – Excavation Supervisor			
• CR 28(a) – Stacking and Storage Supervisor			
• CR 12(1) – Temporary works designer			
• CR 14(1) – Demolition work supervisor			
• CR 16(1) – Scaffolding work supervisor			
• CR 17 (1) – Suspended platform work supervisor			
• CR 18(1)(a) – Rope access supervisor			
• CR 19(8)(a) – Material host Inspector			
• CR 20(1) – Bulk mixing plant supervisor			
• CR 21(2) – Explosive actuated fastening devices inspector			
• Sec 17(1) – SHE Rep (more than 20 employees)			
• GSR 13(a) – Ladder Inspector			
An abbreviated CV of the above appointed persons shall be attached to the appointment. Competency certificates for safety training courses will also be attached as required in specifications			
15. Proof of firefighting training CR 29(h) & list of firefighting team members.			
16. Elevated work training (Rescue/ Safety harnesses) – accredited Training (<i>If applicable</i>)			
17. Fall Protection Plan by competent person / Rescue equipment (<i>If applicable</i>)			
18. Baseline Risk Assessment indicating the full scope of work and risk profile – High risk task inventory registers to be attached.			
19. (HIRA) Risk Assessment (Method Statement, Safe Work Procedure) to be generated for each specific task to be performed on the project i.e.: Site establishment, confined spaces, working at heights, working near water, excavations etc. Note: before establishment they can supply what they will start with – site establishment, fencing, clear & grub...so only request what is relevant at the time.			
20. PPE Policy and most recent issue register.			

INDUCTION			
21. Induction application forms completed for every employee of the contractor performing work on site; The following shall be attached:			
• Employee scope of work;			
• Proof of site specific induction;			
• Copy of ID Document;			
• Legal Letter of Appointment;			
• Abbreviated CV for Managers, Supervisors & Safety Officers (If not previously included);			
• Proof of competence i.e.: Artisans, drivers, operators etc.;			
• Valid medical certificate of fitness done by an Occupational Health Practitioner			
REGISTERS			
22. Copy of equipment registers to be used with copy of each item's inspection checklist. Copy of nominated responsible person to conduct monthly inspections and proof of their competency. All other statutory registers as required by the OHS Act No. 85 of 1993.			
• Site visitors register			
• Excavation Inspection Register			
• Hand tools Inspection register			
• Barricading Inspection Register			
• Traffic Inspection Register			
• Mobile Toilet Inspection Register			
• Daily Risk Assessment and Toolbox Talk			
• PPE Inspection Register			
• First Aid kit Inspection Register			
• Fire Fighting Equipment Register			
• Portable electrical Equipment Register			
• Pneumatic Tool Register			
• Compressor Checklist			
• Ladder Inspection Register			
• Vehicle Inspection Register			
• Working at Height Equipment Register			
OTHERS			
23. Section 37(2) mandatory agreement between client -			
contractor and contractor - sub contractor. As well as:			
• CR 5.1(k) Principle Contractor appointment			
• CR 7(1)(c)(v) Sub Contractor appointment			
24. Training Matrix (Management and Supervisors)			
25. Copy of the OHS act, COID and Construction Regulation 2014			

MEDICAL EXAMINATION CERTIFICATE

Medical Certificate of fitness

Name of Employee _____ ID Number _____ Co. Number _____

*Occupation e.g. General Worker, Welder ,Bricklayer, Steel fixer, Mobile Crane Operator .etc.	*Possible Exposures e.g. noise, heat, fall risk, confined space etc.	*Job Specific Requirements e.g. Operating mobile crane , Digging Trenches ,Erecting Formwork & Support work etc.	*Protective Equipment e.g. Dust Respirator (light duty), Welding Gloves etc.

***The Employer to complete the information in the spaces marked with an *before sending the Employee for a medical examination**

Declaration by the Medical Examiner:

I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the above mentioned employee is fit to perform the duties as described by the employer in the matrix above.

Occupational Medicine Practitioner/Occupational Health Nursing Practitioner:(Please Print Name)_____

Signature _____Practice Number:_____Date:_____

Address:_____

Annexure I

BASELINE RISK ASSESSMENT ANALYSIS TEMPLATE

Item No.	Nature of the potential Risk	Description of Risk	Mitigation Measure

ANNEXURE J

DISABLING INJURY 24 HR REPORTING

TNPA/OHS/FORM 006		DISABLING INJURY IMMEDIATE / 24 HOURS REPORT				
TO BE USED IN CONJUNCTION WITH:		REPORTING OF ALL DISABLING/LOST TIME INJURIES IMMEDIATELY OR WITHIN 24 HOURS TO RISK/SAFETY MANAGEMENT DEPT AT ALL PORTS/BU's AND HEAD OFFICE				
TOMS LOG ENTRY No:		Date of occurrence		Time		
1. Port/BU:			2. Dept./Section			
3. Name(s) and Surname			4. Employee/ Identity Number:			
5. Occupation:			6. Work experience in years/months			
7. Gender			8. Age in years			
9. Description of incident (State what happened, where, how and why and who was involved etc.)						
10. Photo/s of the incident scene						
11. Immediate remedial and preventative actions taken						

Appointment Forms



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**APPOINTMENT AS A SUPERVISOR FOR STACKING AND STORAGE IN TERMS
OF GENERAL SAFETY REGULATION 8.1 (a) CONSTRUCTION REGULATION 28
(a) OF THE OCCUPATIONAL HEALTH AND SAFETY ACT, (85 OF 1993) AS
AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE.....(FOR EMPLOYER) having been appointed to ensure
full compliance with the OHSA and Regulations, hereby appoint you.....
Full name

as Stacking/Storage Inspector to ensure that the stacking and storage are conducted in accordance
With General Safety Regulations 8 and Construction Regulations 28 for the following area or project:

.....

YOUR RESPONSIBILITIES ARE TO:

1. Ensure that the stacking/storage in the area designated to you comply with the requirements of GSR 8, and Construction Regulation 28 (a-d).
2. Ensure that all stacking operations are executed under your personal supervision.
3. Inspect all the stacking/storage operations to ensure that it adhere to GSR 8/Construction Regulations 28.
4. Immediately take action to break down unsafe stacks, and to rebuild them in a safe and stable manner.
5. Ensure, when stacks are built, that the sprinkler systems are not interfered with and that aisles and exists are clear at all times.
6. Ensure that flammable liquids, gas cylinders, and chemicals are stored safely, and to report any unsafe stacking to the Health and Safety Committee.
7. Ensure compliance with the project health and safety plan as well as any requirements prescribed by the client or the principal contractor through their authorised agents relating to stacking and storage.

A copy of the General Safety and Construction Regulations of the OHSA are attached for your convenience and you are to familiarize yourself with the requirements of the regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS LADDER INSPECTOR IN TERMS OF GENERAL SAFETY
REGULATIONS 13A OF THE OCCUPATIONAL HEALTH AND SAFETY ACT
(85 OF 1993) AS AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:
I/WE.....(FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations hereby appoint you.....

Full name

as the person responsible to inspect all ladders on the premises.

YOUR RESPONSIBILITIES ARE TO:

1. Maintain records of all ladder inspections, modifications, repair or redundancy.
2. Ensure that all portable ladders are stored horizontally so as to avoid damage to the ladder.
3. Ensure all ladders are numbered in a clear and standardised manner, and recorded on register
4. Remove any ladder that is not safe to use and tag it with an "UNSAFE – DO NOT USE" tag.
5. Where any ladder is beyond repair it is your responsibility to ensure that it is destroyed.
6. When a ladder is declared "unfit for use" (destroyed), you must see to it that the ladder is replaced immediately, not using the same number.

A copy of the General Safety Regulations of the OHSA is attached for your convenience and you are to familiarise yourself with the requirements of the regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS OPERATOR OF LIFTING MACHINERY/LIFTING
TACKLE/FORKLIFTS IN TERMS OF DRIVEN MACHINERY REGULATION 18 (11)
OF THE OCCUPATIONAL HEALTH AND SAFETY ACT, (85 OF 1993) AS
AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE..... (FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations hereby appoint you.....

Full name

to ensure that the lifting machinery on the premises is operated according to the relevant regulations.

YOUR RESPONSIBILITIES ARE TO:

1. Ensure that the maximum safe workload as indicated on the machine and tackle is not exceeded.
 2. Check all safety devices at the beginning of every shift/daily.
 3. Ensure that lifting tackle are identified by number and placed on register
 4. Ensure that the Lifting Equipment/Forklift register is completed and available on the premises.
 5. Operate the allocated machine(s) according to regulations and manufacturer's requirements.
 6. Ensure that your licence to operate lifting equipment remains valid and not operate lifting equipment if your licence has expired.
 7. Comply with all other health and safety requirements of the company that relates to your work, such as stacking and storage requirements, hazard reporting and other instructions.
 8. Do not allow unauthorised persons to operate lifting equipment under your control and not transport any person with lifting equipment.
- 1.

A copy of Driven Machinery Regulation of the OHSA is attach for your perusal and you are to familiarise yourself with the requirements of the act and regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS INSPECTOR OF LIFTING MACHINERY/LIFTING
TACKLE/FORKLIFTS IN TERMS OF DRIVEN MACHINERY REGULATION 18 (11)
OF THE OCCUPATIONAL HEALTH AND SAFETY ACT, (85 OF 1993) AS
AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE..... (FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations hereby appoint you.....

Full name

to ensure that the lifting machinery on the premises complies with the relevant regulations.

YOUR RESPONSIBILITIES ARE TO:

1. Ensure that all lifting machinery and tackle are inspected and load tested as prescribed by the regulation.
2. Ensure that the maximum safe workload is indicated on all lifting machinery.
3. Ensure that lifting tackle are identified by number and placed on register
4. Ensure that the Lifting Equipment/Forklift register is completed and available on the premises.

A copy of Driven Machinery Regulation of the OHSA is attach for your perusal and you are to familiarise yourself with the requirements of the act and regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS GOODS HOIST INSPECTOR IN TERMS OF DRIVEN
MACHINERY REGULATION 17(2) OF THE OCCUPATIONAL HEALTH AND
SAFETY ACT (85 OF 1993) AS AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE.....(FOR EMPLOYER) having been appointed to ensure
full compliance with the OHSA and regulations, hereby appoint you
as the inspector of Goods Hoist/s on the premises. *Full name*

YOUR RESPONSIBILITIES ARE TO ENSURE COMPLIANCE TO DMR 17 WHICH INCLUDES:

1. Inspect all hoists at least once every three months.
2. During inspection determine the serviceability of the entire hoist including guides, ropes and their connections, drums, sheaves or pulleys and all safety devices. Report findings to the designated person.
3. Keep a register or logbook to record the results and findings of inspections.

A copy of the Driven Machinery Regulations is attach for your convenience and you are to familiarise yourself with the Act and Regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS LIFT OPERATOR IN TERMS OF LIFT, ESCALATORS AND
PASSENGER CONVEYOR REGULATION 2(5) OF THE OCCUPATIONAL
HEALTH AND SAFETY ACT (85 OF 1993) AS AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE.....(FOR EMPLOYER) having been appointed to ensure
full compliance with the OHSA and regulations, hereby appoint you
Full name
as the lift operator in terms of the Lifts, Escalators and Passenger Conveyors Regulations for the
Lift No.....that is not automatically operated.

YOUR RESPONSIBILITIES ARE TO:

1. Do not use the lift if the required 36 monthly test report is not conducted or available.
2. Follow the manufacturer's instructions for operation of the lift, as well as any other instruction issued by the company in this regard.
3. Do not allow an unauthorised person to operate the lift, and lock access to the lift when you are not in attendance.

A copy of the Lift, Escalator and Passenger Conveyor Regulations is attach for your convenience and you are to familiarise yourself with the Act and Regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS DESIGNATED PERSON FOR HAZARDOUS
SUBSTANCES/CHEMICALS IN TERMS OF THE OCCUPATIONAL HEALTH AND
SAFETY ACT, (85 OF 1993) AS AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE.....(FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations, hereby appoint you.....

As Hazardous Chemical Substances Co-ordinator.

Full name

YOUR RESPONSIBILITIES ARE TO:

1. Keep an updated alphabetical list of all hazardous chemical substances (HCS). This list must contain the following information:
 - All HCS used on the premises as well as all process air contaminants such as dusts, fumes, etc.
 - Product name and the active ingredient of the substance.
 - Classification of the HCS as per SANS 10228 (Class and Danger group).
 - Indicate if the HCS is listed in table 1, 2 or 3 of the HCS Regulations.
 - If the HCS is listed in table 1 or 2 of the HCSR the OEL must be indicated on the list.
2. Ensure that hazardous chemical substance risk assessment of potential exposure, as well as occupational hygiene surveys are conducted as prescribed by the Regulations.
3. If the substance is listed in table 3 of the HCSR, ensure that medical surveillance and biological monitoring as prescribed by the HCSR are conducted on all employees exposed to the substance.
4. Review/update the alphabetical list of hazardous chemical substances on a regular basis.
5. Obtain the required hazard information (MSDS) (Annexure 8 of HCSR) for all identified hazardous chemical substances from the supplier or manufacturer of the product.
6. Exercise control over the safe storing, labelling, issue and handling of all hazardous chemical substances as per the above list.
7. Ensure that all hazardous chemical containers are safely disposed of if not returned to the supplier.
8. Ensure all employees exposed to HCS are trained as prescribed by the Regulations.

A copy of the Hazardous Chemical Substance Regulations is attached for your convenience and you are to familiarize yourself with the requirements of the regulations.

This appointment will become effective on the date of acceptance thereof, from.....to.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

APPOINTMENT AS MOTOR TRANSPORT OFFICER

NAME OF COMPANY:.....

I/WE..... (FOR EMPLOYER) having been appointed to ensure full

compliance with the OHSA and Regulations and responsible for compliance with other relevant legislation hereby appoint you to serve as the Motor Transport Officer.

Full name

YOUR RESPONSIBILITIES ARE TO:

1. Ensure Vehicle/equipment/operator compliance with the National Road Traffic Act (93 of 1996).
2. Vehicle and safety equipment complies with RTQS.
3. Check driver's licences at least every six months.
4. Ensure that all vehicles are equipped with fire-extinguishers.
5. Familiarise all drivers with accident/incident procedures.
6. Ensure that all drivers and equipment operators undergo annual medical surveillance including eyesight tests.
7. Ensure daily checklists are completed by the driver/operator and deviations are reported and corrected.
8. Implement a driver training/licensing and refresher training programme for all operators of motorised equipment, at specified timeframes according to requirements.
9. All forklift trucks are load tested annually as prescribed by DMR 18 (5), by a person competent to perform these tests.
10. Implement an employee traffic awareness programme.
11. Ensure safekeeping of all records as required by regulations.

A copy of the said OHSA (85 of 1993) and Regulations and the National Road Traffic Act are attached for your convenience and you are instructed to ensure that you familiarize yourself with their requirements.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:

Manager (for employer)

Signature:

Witness

Designation:

Designation

Date:

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS FIRE EQUIPMENT INSPECTOR IN TERMS OF THE
OCCUPATIONAL HEALTH AND SAFETY ACT (85 of 1993) CONSTRUCTION
REGULATION 29 AND VESSELS UNDER PRESSURE REGULATION 11**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:
I/WE.....(FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations hereby appoint you.....
as an inspector of the fire equipment. *Full name*

YOUR RESPONSIBILITIES ARE TO:

1. To maintain the fire prevention programme at optimum levels.
2. To identify all possible fire risks and take action to eliminate or reduce these as far as possible.
3. To co-ordinate the fire/emergency team and participate in training of all team members in all foreseeable emergencies.
4. To ensure inspections/maintenance of all fire-equipment according to requirements.
5. To ensure the effective implementation of an emergency evacuation plan.
6. To ensure adequate signage/notices are displayed i.e. no smoking.
7. To ensure compliance to CR27/Vessels under Pressure regulation 11 and all relevant SANS codes.
8. Ensure compliance with the project health and safety plan as well as any requirements prescribed by the client or the principal contractor through their authorised agents relating to fire equipment.

A copy of the Construction Regulation/Vessels under Pressure regulations of the OHSA is attached for your perusal and you are to familiarise yourself with the requirements of the act and regulations.

This appointment will become effective on the date of acceptance thereof until..... or until completion of the construction work.

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

APPOINTMENT AS FIRE TEAM MEMBER

NAME OF COMPANY:.....

I/WE.....(FOR EMPLOYER) having been appointed to ensure full compliance with the OHSA and Regulations hereby appoint you.....
as a fire team member. *Full name*

YOUR RESPONSIBILITIES ARE:

1. To familiarise yourself with the type and location of fire fighting equipment on the premises.
2. To attend all training with the aim of familiarising yourself with the most efficient methods of combating fires likely to occur on the premises.
3. To work and practise with the other team members to obtain the highest state of preparedness.

A copy of the said OHSA (85 of 1993) and Regulations is attached for your convenience and you are to familiarize yourself with the requirements of the act and regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

APPOINTMENT AS FIRST AID TEAM MEMBER

NAME OF COMPANY:.....

I/WE.....(FOR EMPLOYER) having been appointed to ensure full compliance with the OHSA and Regulations hereby appoint you.....
as a member of the First aid team. *Full name*

YOUR RESPONSIBILITIES ARE TO:

- Ensure that you familiarise yourself with the operation of the first aid equipment in your department.
- Ensure that you attend training and are in possession of a valid first aid certificate.
- Report any unserviceable or damaged first aid equipment in your area to the Emergency co-ordinator.
- Check the contents of first aid box regularly to ensure that it is re-plenished as per GSR(3) requirements.

A copy of the said OHSA (85 of 1993) and Regulations is attached for your convenience and you are to familiarize yourself with the requirements of the act and regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS INCIDENT/ACCIDENT INVESTIGATOR IN TERMS OF
SECTION 24/25 AND GAR 9 OF THE OCCUPATIONAL HEALTH AND SAFETY
ACT, (85 OF 1993) AS AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:
I/WE.....(FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations hereby appoint you.....
as an incident investigator. *Full name*

YOUR RESPONSIBILITIES ARE TO:

1. Investigate all incidents allocated to you and as required by the company's procedure for incident investigation.
2. Record the findings of those investigations on an internal incident investigation form.
3. Record the findings of the investigation on an Annexure 1 form as required in terms of General Administrative Regulation 9 of the OHSA (85 of 1993). If the incident results in a claim, report the incident to the Compensation Commissioner in terms of COIDA requirements (Compensation of Occupational Injuries and Diseases Act – 130 of 1993).
4. In terms of Section 24/25 of the Occupational Health and Safety Act – 85 of 1993, report all relevant incidents to the Provincial Director or the Chief Inspector, Department of Labour.
5. Report the findings of all investigations to your employer and the SHE Committee.
6. Ensure that the record of each incident is endorsed by the employer and the chairman of the SHE Committee.
7. Keep a register of all incidents – Annexure 1 summary.

A copy of the OHSA and Regulations are attached for your convenience and you are instructed to familiarise yourself with the Act and the regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS SUPERVISOR OF MACHINERY IN TERMS OF THE
GENERAL MACHINERY REGULATION 2(1) OF THE OCCUPATIONAL HEALTH
AND SAFETY ACT (85 OF 1993) AS AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE..... (FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations hereby appoint you.....

Full name

as competent person in terms of General Machinery Regulation 2(1) for the following premises:

.....

YOUR RESPONSIBILITIES ARE TO:

1. Ensure that the provisions of the Act and Regulations with regard to machinery are complied with.
2. Implement a preventive maintenance programme aimed at ensuring the safety and continued operability of all machinery.
3. Ensure that the required documentation of the above system is maintained and available.
4. Ensure compliance to the company's health and safety requirements that relate to machinery, such as lock-out, confined space entry, equipment inspections, operator training, machine guarding and hazard identification and risk assessment.
5. Ensure that adequate systems are implemented to reduce incidents related to the use of machinery.

A copy of the OHSA is attached for your perusal and you are instructed to familiarise yourself with the Act and the regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

APPOINTMENT AS RISK MANAGEMENT PROGRAMME CO-ORDINATOR

NAME OF COMPANY:.....

I/WE..... (FOR EMPLOYER) having been appointed to ensure full compliance with the OHSA and Regulations hereby appoint you.....
Full name
as the Risk Programme Co-ordinator.

YOUR RESPONSIBILITIES ARE TO:

1. Take the necessary steps to identify and measure the potential hazards and risks in the working environment affecting Health, Safety and the Environment within the broad context of preventing occupational diseases and injuries, as well as potential pollution of air, ground and water.
2. Establish as far as is reasonable what dangers to the Health and Safety of persons are attached to any work performed, article which is processed, used, handled, stored and any machinery which is used, and further to establish the precautionary measures which should be taken in respect of such work, article, or machinery in order to protect the Health and Safety of persons.
3. As far as is reasonable, cause every employee to be made conversant with the dangers to his Health and Safety attached to any work he has to perform, or article he has to process, use, handle and store and any machinery which he is required or permitted to use, as well as with the precautionary measures which should be taken and observed with respect to those dangers.
4. Regarding Occupational Health and Hygiene, identify, measure and control potential health hazards (physical/biological/chemical/ergonomical psychological) such as concentrations of flammable, toxic or corrosive gases, vapours, dusts, mists and fumes and the intensity and frequency of noise and vibrations.
5. Ensure the implementation of a medical surveillance programme and monitoring of exposures based on risk assessment and occupational hygiene survey results.
6. You are furthermore required to implement, establish and maintain an overall Risk Management Programme with the objective of identifying all the potential pure risks to the organisation and to implement cost effective and practical control measures to manage the identified risks in the best possible way.
7. You will exercise and maintain overall control over the disciplines of the Risk Management Programme which include but are not limited to: Risk Control Organisation, Health and Safety, Emergency and Disaster Planning, Security, Fire Protection and Defence, Transport Risk Control, Environmental Protection and Pollution Control.
8. Ensure legislative awareness, responsibility through education and training.

A copy of the said OHSA (85 of 1993) and Regulations is attached for your convenience and you are instructed to ensure that you familiarize yourself with the requirements of the act and regulations.

This appointment will become effective on the date of acceptance thereof, from.....to.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

APPOINTMENT AS THE OCCUPATIONAL SHE CO-ORDINATOR

NAME OF COMPANY:.....

I/WE.....(FOR EMPLOYER) having been appointed to ensure full compliance with the OHSA and Regulations hereby appoint you.....
Full name
as the Occupational Health and Safety Co-ordinator.

YOUR RESPONSIBILITIES ARE TO:

1. Take the necessary steps to identify and measure the potential hazards or risks in the working environment from both health and hygiene aspects within the broad context of preventing occupational injuries and diseases.
2. Establish as far as is reasonable what dangers to the safety of persons are attached to any work performed, article which is processed, used, handled or stored and any machinery which is used, and further to establish the precautionary measures which should be taken with respect to such work, article, or machinery in order to protect the safety of persons.
3. As far as is reasonable, cause every employee to be made conversant with the dangers to his safety attached to any work he has to perform, or article he has to process, use, handle and store and any machinery which he is required or permitted to use, as well as with the precautionary measures which should be taken and observed with respect to those dangers.
4. Occupational health and hygiene: identify, measure and control potential health hazards such as physical/biological/chemical/ergonomical/psychological concentrations of flammable, toxic or corrosive gases, vapours, dusts, mists and fumes and the intensity and frequency of noise and vibrations.
5. Ensure the implementation of a medical surveillance programme and the monitoring of exposures based on risk assessment and occupational hygiene survey results.
6. Ensure legislative awareness, responsibility through education and training.

A copy of the OHSA and Regulations are attached for your convenience and you are instructed to familiarise yourself with the Act and the regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date:

**APPOINTMENT AS SAFETY, HEALTH AND ENVIRONMENTAL
REPRESENTATIVE IN TERMS OF SECTION 17 OF THE OCCUPATIONAL
HEALTH AND SAFETY ACT, (85 OF 1993) AS AMENDED**

NAME OF COMPANY:.....

IN TERMS OF THE ABOVE-MENTIONED ACT:

I/WE.....(FOR EMPLOYER) having been appointed to ensure

full compliance with the OHSA and Regulations hereby designate you

Full name

as Health and Safety Representative for the workplace or a section of the workplace for the agreed period of office according to Section 17(2) of the Act. You are appointed for the following section of the workplace:

YOUR RESPONSIBILITIES ARE TO:

1. Perform duties in terms of Sections 17, 18, 19 and 20 of the Act and GAR 5, 6, and 7.
2. Carry out inspections at pre-determined frequencies as per agreement. (Other functions as agreed upon eg. Fire equipment, ablution etc.)
3. Identify hazards and potential major incidents and report deviations in accordance with legal requirements.
4. Attend and take part in any incident investigations, formal inquiry in terms of the Act.
5. Serve on the Safety, Health and Environmental Committee and attend meetings at prescribed times and venues.
- 6.

You are entitled to be informed of all aspects mentioned in Section 13 of the Act, and to receive the appropriate training in this regard.

A copy of the said OHSA (85 of 1993) and Regulations is attached for your convenience and you are instructed to ensure that you familiarize yourself with the requirements of the act and regulations.

This appointment will become effective on the date of acceptance thereof until.....

Please confirm your acceptance of this appointment by signing and returning to me the duplicate copy of this letter.

Signature:
Manager (for employer)

Signature:.....
Witness

Designation:

Designation

Date:.....

Date:

ACCEPTANCE

Iunderstand the implications of the appointment and confirm my acceptance of this appointment. I have studied the relevant sections of the Act and Regulations and understand what is required of me.

Signed:

Date: