ANNEXURE G: ____

CONTRACTOR MANAGEMENT SHE DOCUMENTATION

(TO BE SUBMITTED ON AWARD – IF APPLICABLE)

Date of inspection/ Evaluation:

Client	
Employer (Principal contractor)	
Registered name of the enterprise	
Trade name of the Enterprise	
Company Registration No	
SARS registration No(PAYE)	
UIF registration No	
COIDA registration no	
Relevant SETA for EEA purpose	
Industry sector	
Bargaining Council	
Contact person & position	
Contact number	
Site Address	
Postal Address	
Chief Executive Officer	
Chief Executive officer's email and contact	
number Construction Manager	
Health and Safety Representative	
Activities/ Service rendered	
Commencement date	
Completion date	
Site Phone	
Total number of employees on site:	
Female	
Male	
People with disabilities	

CONTRA	ACTOR	Complying	Not Complying (i.e. Comments)	Not Applicable
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 (if applicable)		
4.	Application for a permit to do construction work (if applicable)		
5.	Valid Letter of Good Standing with FEM/WCA: And		
	proof of relevant insurances to carry out work.		
MANAGI	EMENT PLANS		
6.	Copy of reference documents:		
	Health & Safety, Security, Quality, Environmental, and other applicable		
	Specifications		
	Including a signed register of communication to Managers,		
	Supervisors & Safety Officers		
7.	Approved Contractor Execution Plan correlating with Specification provided		
	by Transnet (i.e. Approved health and safety plan, environmental plan,		
	security plan etc.)		
8.	Contractors Health and Safety Policy		
9.	Site Specific Emergency Plan		
10.	Contractors Traffic Management Plan (if applicable)		
	Procedure for handling Hazardous Chemical Substance's and Applicable		
	Safety Data Sheet (if applicable).		
APPOIN'			
12.	Fully completed appointments of the following (depends on the scope of		
	work) but not limited to:		
	16. Risk Assessment (HIRA), Method Statement, Safe		
	Work Procedure to be generated for each specific task to be		
	performed on the contract		
	CR 8(1) – Construction Manager		
	CR 8(7) – Construction Supervisor		
	CR 8(8) – Assistant Construction Supervisor		
	CR 8(5) – Construction Safety Officer		
	CR 9(1) – Risk assessment		
	CR 10.(2)(b) (fall risk) Physical & Psychological fitness		
	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 will also be attached as required in specifications		
12	Elevated work training (Rescue/ Safety harnesses) – accredited Training (If	+	
13.	applicable)		
1.4	Fall Protection Plan by competent person / Rescue Plan (If applicable)		
15.	Contract/Project Specific Risk Assessment indicating the full scope of work		
	and risk profile – High risk task inventory registers to be attached.		

	Risk Assessment (HIRA), Method Statement, Safe Work Progenerated for each specific task to be performed on the consiste establishment, confined spaces, working at heights, wo water, excavations etc. Note: before establishment they can they will start with – site establishment, fencing, clear & grub request what is relevant at the time.	tract/project i.e. rking near supply what			
	PPE Policy and most recent issue register.				
INDUCTIO					
INDUCTIO	N Induction application forms completed for every employee or	f the contractor			
	performing work on site; The following shall be attached:	i the contractor			
	Employee Dossier with applicable documentation	1:			
	Proof of site specific induction;	-1			
	Copy of ID Document;				
	Legal Letter of Appointment;				
	Proof of competence i.e.: Artisans, drivers, opera	tors etc.;			
	 Valid medical certificate of fitness done by an Oc 	cupational			
	Health Practitioner (i.e. Annexure 3 for constructi	on work)			
REGISTER					
1	Copy of equipment registers to be used with copy of each its checklist. The registers are not limited to the following, depe				
	scope of work: Site visitors register				
	 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				
INCIDENT/	ACCIDENT MANAGEMENT				
	Incident /Accident Management Procedure including reporting and investigation of incidents and accidents	ng, recording			
	Register of first aid injuries				
	Register of reportable injuries to the Provincial Director				
OTHERS	Cootion 27(2) mandatany agranged between alight	otor and			
	Section 37(2) mandatory agreement between client - contractor and				
	contractor - sub contractor. As well as: CR 5.1(k) Principal Contractor appointment				
	CR 7(1)©(v) Sub Contractor appointment				
24.	Training Matrix (Management, Supervisors and Employees)				
25.	Copy of the OHS act and its Regulations, COID Act Regula	tions			
	CONTRACTOR'S C	OMPLIANCE FIL	E REVIEW		
Date	Print Full Name	Designation Signature		gnature	

Status				
Approved				
Not Approved				
Reasons for not approving				