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NEC 3 Engineering & Construction Contract

PART THREE – SAFETY REQUIREMENTS

The Establishment of an Enabling Agreement with a maximum Panel of 30 Contractors for the Provision of Supervision, Labour, Equipment, Material (except the “Big Five” material), Transport (as it will be required and authorised) for Electrification of New Household Connections (above R3 000 000,00 per project) for Distribution Division in the KZN Operating Unit, Central East Cluster on an as and when required basis with BBBEE Level 1 and 2 companies.

ENQUIRY NUMBER : KZN021

TENDERER NAME : _____

**TENDER CLOSING
DATE : 05 JULY 2022 AT 10H00AM**

SAFETY EVALUATION CRITERIA

Ref.	KPIs	Track Submission	Actual score Apply 1 or 0	Comments
		Apply (Yes/No)		
	Occupational Health and Safety Section			
1.	Is the acknowledgement of Eskom's OHS rules and requirements form (Annexure B) signed by the Owner / CEO / MD and 2 witnesses?			
2.	OH&S Organogram (Approved by CEO/Director)-Including names and appointment reference			
3.	Occupational, Health and Safety Plan (OHS Plan) This must be relevant to the Scope of work (Electrification Household Connections), addressing and responding the Eskom Health and Safety Specification (numbering must align to left hand side numbers in the SHE Specification.COVID19 procedures and plans to be included. Review date to be included in the document). To be signed off by the Owner / CEO / MD			
4.	Baseline Risk Assessment to be in line with the Scope of Work (To include Driving & COVID19 with next review date) (Approved by CEO/Director)			
5.	Valid Letter of Good Standing or equivalent, i.e. COID, RMA or FEMA, (Nature of Business to be applicable) The letter of good standing must state the relevant services rendered by the company, e.g. Electrical related construction work in line with the Scope of Work applicable for this tender			
6.	Health and Safety Policy- signed by the Owner / CEO or MD,			
7.	SHE Competency; proof of the following training certificates and appointment letters for each of the following; <ul style="list-style-type: none">• Sec. 17 Health and Safety Representative (Appointment if not yet trained)• GSR 3(4) First aid level 2,• CR 29 (h&i) Fire fighters,• CR 9(1) Risk Assessor• CR 8(7) Construction Supervisor with MV/LV line Construction)• CR 8(5) Safety Officer (SACPCMP) Ref:32-136, 32-726• CR 10(1) Fall protection planner/developer• Fall rescuer (Competency Certificate)• GAR 9(2) Incident investigator,• CR 13 (1) Competent person for Excavation work• COVID19 16:5 (Appointment only)			
8.	Medical Fitness Certificate (including Annexure 3 format) done by Occupational Health Practitioner / Nurse / Doctor (ONLY)- Only 3 Medical Fitness Certificate shall be provided at the tender stage.			
9.	Fall Protection Plan (Next Review date to be included and to be signed off by CEO/Director)			
10.	Substance Abuse Procedure			
11.	Costing for SHE			

**1. ATTACH ANNEXURE B COMPLETED AND
SIGNED BY CEO/MEMBER/DIRECTOR AND
SIGNED BY 2 WITNESSES
HERE**

	Annexure B: Eskom Acknowledgement Form for OHS legal and other requirements	Template Identifier	240-43921804	Rev	5
		Document Identifier	240-77471499	Rev	3
		Effective Date	May 2021		

Annexure B: Acknowledgement Form for Eskom OHS legal and other requirements

NOTE: the supplier/contractor/tenderer has to ensure that he/she understands the OHS requirements listed hereunder.

<p>1. The supplier/contractor/tenderer is expected to comply to the following documents when working at/rendering a service to Eskom but not limited to the following:</p> <ul style="list-style-type: none"> a. Eskom contractor Health and Safety requirements standards 32-136 b. OHS specification/requirements provided c. Occupational Health and Safety Act 85 of 1993 d. Compensation for Occupational Diseases and Illnesses Act 130 of 1993 <p>Note: Please note that after contract award, it is your responsibility to fully align the company's processes to Eskom's OHS requirements (policies, procedures, standards etc).</p>
<p>2. Penalties shall be enforced on the main supplier for non-conformance/s (identified for the main supplier and/or its contractor and/or supplier) pertaining to Eskom and/or Statutory OHS requirement/s.</p>
<p>4. Ensure that all employees (contractors/suppliers) undergo the relevant Eskom induction and the company's</p>
<p>5. Management of Contractors/ Suppliers</p> <p>The main contractor/supplier:</p> <ul style="list-style-type: none"> a) Has to demonstrate to Eskom the process and selection criteria applied when appointing contractors and suppliers. b) Has to provide notification to Eskom, prior to the appointment of contractors or suppliers for the commencement of work. c) Has to ensure that contractors/ suppliers have adequate resources and competencies. d) Is accountable for the management of its contractors/ suppliers in order to ensure that the applicable legal and Eskom requirements (that are applicable to the main supplier during contract execution) are complied with by the contractors or suppliers. e) The main supplier shall monitor contractors or suppliers through audits and assessments with regard to OHS compliance during the execution of the work. f) The grounds for the termination of work done by contractors/suppliers shall be provided by the main supplier. g) All non-conformances/non-compliance by the contractors/suppliers (all tiers) to the main supplier shall be dealt with directly with the main contractor/supplier in terms of performance and penalty processes. h) Eskom reserves the right to verify this when deemed necessary. The contractor may be instructed to provide copies of testimonials/references and the contact detail of clients (including Eskom) for whom the Company has done previous work of a similar nature
Empty space for additional information

I, the undersigned, hereby acknowledge that I have obtained copies of the above documents and confirm that I fully understand them and the consequences of non-compliance.

Signed at on day of 20.....

Company/Supplier Name: -----

Name of Authorised person (CEO/Director/ Managing Director)

Signature

Date

Witness 1

Witness 2

Public

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2. ATTACH OH&S ORGANOGRAM HERE

- ORGANOGRAM MUST BE SIGNED
/APPROVED BY MEMBER/ CEO/
DIRECTOR -INCLUDING THEIR NAMES
- INCLUDE APPOINTMENT REFERENCE
FOR EACH POSITION ON ORGANOGRAM

3. ATTACH OCCUPATIONAL, HEALTH AND SAFETY PLAN (OHS PLAN) HERE

- The plan must be relevant to the Scope of work (Electrification Household Connections), addressing and responding the Eskom Health and Safety Specification (numbering must align to left hand side numbers in the SHE Specification).
- COVID19 procedures and plans to be included.
- Review date to be included in the document.
- To be signed off by the Owner / CEO / MD
- Name of Owner/CEO/MD to be included in the Safety Plan

4. ATTACH BASELINE RISK ASSESSMENT

- To be in line with the scope of work
- To include driving & covid19
- To include next review date
- To be signed and *approved by Owner/CEO/MD*
- Name of Owner/CEO/MD to be included

**5. ATTACH VALID LETTER OF GOOD
STANDING OR EQUIVALENT,
I.E. COID, RMA OR FEMA,
HERE**

- **Nature of Business to be applicable**

The letter of good standing must state the relevant services rendered by the company, e.g. Electrical related construction work in line with the Scope of Work applicable for this tender.

6. ATTACH HEALTH AND SAFETY POLICY HERE

- Health and Safety Policy to be signed by the Owner / CEO or MD.
- Name of Owner / CEO or MD to be included.

7. ATTACH SHE COMPETENCIES HERE

**Proof of the following training certificates
and appointment letters with the correct
reference for each of the following:**

- Sec. 17 Health and Safety Representative (Appointment if not yet trained)
- GSR 3(4) First aid level 2,
- CR 29 (h&i) Fire fighters,
- CR 9(1) Risk Assessor
- CR 8(7) Construction Supervisor with MV/LV line Construction)
- CR 8(5) Safety Officer (SACPCMP) Ref:32-136, 32-726
- CR 10(1) Fall protection planner/developer
- Fall rescuer (Competency Certificate)
- GAR 9(2) Incident investigator,
- CR 13 (1) Competent person for Excavation work
- COVID19 16:5 (Appointment only)

8. ATTACH MEDICAL FITNESS CERTIFICATES (INCLUDING ANNEXURE 3 FORMAT) HERE

- Done by Occupational Health Practitioner / Nurse / Doctor (ONLY)-
- Only 3 Medical Fitness Certificate shall be provided at the tender stage.

9. ATTACH FALL PROTECTION PLAN HERE

- Next Review date to be included
- To be signed off by Owner/ CEO/MD
- Name of Owner/CEO/MD to be included

10. ATTACH SUBSTANCE ABUSE PROCEDURE HERE

11. ATTACH COSTING FOR SHE HERE