

Annexure C 1: SHE Tender Evaluation and Scoring Card (Tracking submission and the quality thereof)

Document Identifier	240-77471651	Rev	1
Authorisation Date	July 2014		
Review Date	March 2023		

High Risk Category – Objective criteria Rosherville Fire Water Tank, Hydrant & Fire Alarm

All of the following are required prior to contract signing Actual Ref. **KPIs** Track Submi ssion score **Apply** 1 or 0 Apply Comments (Yes/ No) **Occupational Health and Safety Section** Is the acknowledgement of Eskom's OHS rules and requirements form (Annexure B) signed by the Owner / CEO / MD and 2 witnesses? OH&S Organogram (Approved by CEO/Director)-Including names 2. and appointment reference Occupational, Health and Safety Plan (OHS Plan) 3. This must be relevant to the Scope of work (Substation Building, Civil work & Electrical Work), addressing and responding to the Eskom Health and Safety Specification (numbering must align to the left-hand side numbers in the SHE Specification). Review date to be included in the document). To be signed off by the Owner / CEO / MD. Baseline Risk Assessment (BRA) (Issue Based Risk Assessment 4. with method statement used for risk assessment & Risk rating matrix) Review date to be added) (Approved by CEO/Director) Valid Letter of Good Standing or equivalent, i.e. COID, RMA or 5. (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 Health and Safety Policy- signed by the Owner / CEO or MD, 6. An employer to prepare a written statement concerning the protection of the health and safety of his employees at work, including a description of his organization and arrangements for carrying out and reviewing that It is the Management commitment statement regarding Safety, Health, Environment and Quality as protection of their employees and public members etc. 7. GSR 3(4) First aid training Safety officer ((SACPCMP registered. Indicate whether fulltime or part-time) SHE Representative Appointment Sect 17 Construction Manager CR 8(1) **HCS Controller 9** Incident investigator GAR 9(2)

	- Excavation Supervisor CR 13(1)	
	 Work at heights Fas and Rescue training 	
	- Demolition Supervisor CR 14 (1)	
8.	Medical Fitness Certificate (including Annexure 3 template)- (done by Occupational Health Practitioner / Nurse / Doctor (Minimum of 3)	
9.	Fall Protection Plan as per CR10 (with Rescue Plan & Fall Risks) (Next Review date to be included and to be signed by CEO/MD)	
10.	Substance Abuse Procedure or Policy.	
	Policy must be sign by CEO/MD	
11.	Costing for SHE	
	Costing for SHE relevant to this type of contract (e.g., PPE etc.)	

Subject Matter Expert:	Signature:		
Date:			