

	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

All of the following are required prior to contract signing.

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 (), 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.			
4.	Baseline Risk Assessment (BRA). The methodology used for the risk assessment must be provided together with the BRA (Review date to be added) (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, 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 policy. It is the Management commitment statement regarding Safety, Health, Environment and Quality as protection of their employees and public members etc.			
7.	SHE Competency; proof of the following training certificates and appointment letters for each of the following. NB accreditation certificate to be provided by training provider for each competency. • Section 16(2) appointment • Sec. 17 Health and Safety Representative (Appointment if not yet trained) • GSR 3(4) First aid Training • CR 29 (h&i) Fire fighters • CR 9(1) Risk Assessor			

	• CR 8(5) Safety Officer (Registered with SACPCMP) • CR 10(1) Fall protection planner/developer- SANS 229994 • FAS Training and Fall rescuer (Competency Certificate)-SANS 229995 and 229998 • GAR 9(2) Incident investigator			
8.	Fall Protection Plan as per CR10 (with Rescue Plan & Fall Risks) (Next Review date to be included and to be signed by CEO/MD)			
9.	Substance Abuse Procedure or Policy. Policy must be sign by CEO/MD			
10.	Costing for SHE Costing for SHE relevant to this type of contract (e.g., PPE etc.)			

Name & Surname: _____

Signature: _____

Date: _____