1. **Tenderer’s / Supplier’s name: ………………………………………………. Tender Ref number: ………………………………….**

 **Scope of work: ………………………………………………………………………………………………………………………………………**

| **Ref.** | **OHS Tender Returnable** | **Submission** | **Comments** |
| --- | --- | --- | --- |
| **Y = Yes****N= No****N/A = Not applicable** |
| 1 | **Annexure B**Is the acknowledgement of **Eskom's OHS** legaland other requirements form signed and submitted by the tenderer? |  |  |
| 2 | **OHS plan** (Must address the project /scope of work OHS risk(s) and aligned with the health and safety specification or requirements) |  |  |
| 3 | **Costing for Health and Safety management**Has the tenderer submitted detailed costing for SHE (the cost should be broken down not provided as a lump sum)? * The costing must be based on the overall scope of work/service to be performed;
* The scope of work and the risk assessment may serve as a guideline.
 |  |  |
| 4 | **Baseline Risk Assessment** **(BRA)**Identification, assessment and management of OHS risks related to the scope of work. The methodology and applicable risk matrix used for the risk assessment must be provided together with the BRA |  |  |
| 5 | **Valid Letter of Good Standing** (COIDA or equivalent) |  |  |
| 6 | **OHS policy signed by CEO** The submitted policy document must comply to OHS Act Section 7  |  |  |
| 7 | **OHS Competency** (Consider scope of work, risks, SHE plan and applicability) CV,s and qualifications / certificates (List competencies required) |  |  |
|  | **Recommendation** |  | **Recommended or Not recommended.** |

**\*NOTE: For explanatory notes for the listed items (SHE requirements) please refer to 240 - 77433139 Annexure A: Supplier Risk Category**

1. **Other requirements**

**Annotation: Populate additional OHS tender returnable(s) that are applicable to the scope of work and need to be evaluated prior to contract award. *This section must be deleted if not applicable*.**

| **Ref.** | **OHS Tender Returnable**  | **Submission** | **Comments** |
| --- | --- | --- | --- |
| **Y = Yes****N= No** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
|  | **Recommendation** |  | **Recommended /Not Recommended** |

**…………………………………. …………………………….. …………….…………….. …………………………..**

**Eskom OHS Representative Designation Signature Date**

**Development Team**

Diane Maunatlala