**High Risk Category: Objective Evidence Evaluation Criteria**

**These requirements must be submitted with the tender documents.**

| **Ref.** | **KPIs** | **Submission** | **Actual score** | **Comments** |
| --- | --- | --- | --- | --- |
| **Y = Yes****N= No****N/A = Not applicable** |
|  **1.** | Is the acknowledgement of Eskom's SHE rules and requirements form (Annexure B) signed and submitted by the tenderer?  |  |  |  |
|  | Costing for Safety Health and Environmental management completed and submitted **(include Covid-19 PPE).** |  |  |  |
|  **3.** | Baseline Risk Assessment (BRA) submittedIdentification, assessment and management of **SHE risks related to the scope of work and Covid-19**. The risk assessment methodology must be provided together with the BRA, i.e. risk analysis, • Consequence rating• Likelihood rating• Risk rating. Review date must be two years  |  |  |  |
| 4. | Valid Letter of Good Standing (COIDA or equivalent) submitted |  |  |  |
| **5.** | **SHE company and Covid-19 policy submitted**They must both be signed by the head of the company  |  |  |  |
| **6.** | Valid Medical Fitness Certificate from a registered Occupational Practitioner. Minimum 2 x Medical Certificates from an Occupational Health Practitioner |  |  |  |
| **7.****8.** | **SHE Competency, training certificates submitted and appointment letters**(Consider scope of work, risks, SHE plan and applicability ) i.e. qualifications / certificates applicable for this service• First aid level 1 & 2• Safety Management training certificate (NEDSAM / Safety Management training), or equivalent• Safety Health and Environment Representative• Incident investigator• Hazard Identification Risk Assessment (HIRA)• Fire Warden• Legal Liability Training for 16.2 Company SHE Organogram• Appointment letters (as per Organogram)**Covid-19 Awareness Training.*** Covid-19 Compliance Manager Appointment
* Covid-19 Compliance Officer
 |  |  |  |
| **9.** | Transport Safety;Vehicle management procedure as per the National Road Traffic Management Act 93 of 1996 and **Covid-19 Transport Regulations**. |  |  |  |
| **10** | SHE Officer & Construction Supervisor Curriculum Vitae and their H&S appointment letters |  |  |  |
|  | Company internal and external OH&S Audit programme/plan. |  |  |  |
| **11** | Company SHE training programme/Matrix |  |  |  |
| **12** | **Incident Management Procedure**As prescribed in relevant sections of the OHS Act 85 of 1993Incident Management Procedure for safety related incidents. Management of Covid-19 related incidents procedure |  |  |  |
| **13** | Fall protection plan |  |  |  |
|  **14** | **Substance abuse management**Substance abuse procedure• Substance abuse policy• Breathalyzer test instrument calibration certificate |  |  |  |
|  **15** | **Operational Procedures (Written Safe Work Procedures)**The written safe work procedures must address over and above the following listed activities• Daily Operations (patrol, access control and armed response)• Working hours – compliance with Labour Relations/Basic Conditions of Employment Act - Duty roaster must cover 40 hours a week per employee.* Covid-19 (screening, temperature scanning, masks, gloves)
 |  |  |  |
| **16** | Emergency preparedness planRelevant to the scope and **Covid-19** |  |  |  |
|  **17** | **Company SHE Performance for the past three years.**Both new and existing suppliers/contractors must submit the incident register indicating the type of incidents experienced to date. Indicate the following incidents:• Fatalities• LTI (Booked off-duty occupational injury)• Medical (Not booked off-duty occupational injury)• First Aid injuries• Near Misses• Property Damage Incident |  |  |  |
| **18**  | **Occupational Health and Safety Plan for the Scope of work must be submitted?** The content must include but not limited to the following elements:•Health and Safety Organogram indicating Legal Appointments within the Company-Responsibility & Accountability |  |  |  |
| **19** | Emergency preparedness plan relevant to the project/Scope |  |  |  |
| **20** | Fall protection plan for work at height |  |  |  |
| **21** | Company induction management program and proof of induction  |  |  |  |
|  | **TOTAL** | 21 |  | **Approved/ Not Approved** |

**Score:**

**0 = Document not submitted OR submitted but does not satisfy the minimum requirements**

**1 = Document submitted and the content satisfy the minimum requirements**