

	Annexure C4: OHS Tender Evaluation Template (Electrification Infills Contractor)	Template Identifier	240-43921898	Rev	5
		Document Identifier	240-106084699	Rev	2
		Effective Date	May 2021		

Safety Requirements- High Risk Category

<u>Ref.</u>	<u>OHS Tender Returnable</u>	<u>Submission</u>	<u>Comments</u>
		Y = Yes N= No N/A = Not applicable	
1.	Annexure B Is the acknowledgement of Eskom's OHS legal and other requirements form signed by the CEO/MD and 2 witnesses?		
2.	OH&S Organogram- Including names and appointment reference, to be approved by CEO/MD.		
3.	Occupational, Health and Safety Plan (OHS plan) Must address the project /scope of work OHS risk(s) and aligned with the health and safety specification or requirements (Numbering must align to the left-hand side numbers in the SHE specification). Next review date to be included and to be signed by the CEO/MD of the company.		

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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. (Driving to be included) Next review date to be added and to be signed by CEO/Director)		
5.	Valid Letter of Good Standing (COID or equivalent) 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.	OHS policy signed by CEO. The submitted policy document must comply to OHS Act Section 7. To be signed by the Owner/CEO/MD and have the next review date.		

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7.	OHS Competency: Proof of the training certificates and appointment letters for each of the following: NB Accreditation certificates to be provided by the training service provider to the contractor for each competency. <ul style="list-style-type: none"> Section 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(7) Construction Supervisor with Supervision Certificate and MV/LV line Construction CR 8(5) Safety Officer (Registered with SACPCMP) CR 10(1) Fall Protection planner/developer Fall Rescuer (Training Certificate only) GAR 9(2) Incident Investigator CR 13(1) Competent person for Excavation Work 		

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8.	Medical Fitness Certificate (Including Annexure 3 template) To be done by the Occupational Health Practitioner/Nurse/Doctor (Minimum of 3)		
9.	Fall Protection Plan as per CR 10 (With Rescue Plan & Fall Risks) Next review date to be included, to be signed by the fall protection planner & CEO/MD of the company		
10.	Substance Abuse Procedure or Policy Policy to be signed by the CEO/MD		
11.	Costing for Health and Safety management (The cost should be broken down not provided as a lump sum)? <ul style="list-style-type: none"> The costing must be based on the overall scope of work/service to be performed. 		

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