

## TENDER SAFETY ASSESSMENT CRITERIA

| TENDER SAFETY ASSESSMENT CRITERIA |  |            |           |            |
|-----------------------------------|--|------------|-----------|------------|
|                                   | <b>HEALTH AND SAFETY</b>   |            |           |            |
| <b>1.</b>                         | <b>POLICY, ORGANISATION AND MANAGEMENT INVOLVEMENT</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 1.1                               | Provide a copy of company SHE Policy?  |            |           |            |
| 1.2                               | Provide company organogram indicating all legal appointments that will be made if successful?  |            |           |            |
| 1.3                               | Has the Contractor made provision for the cost for health and safety requirements for the contract/project. Provide proof or declaration.  |            |           |            |
| <b>2.</b>                         | <b>TRAINING</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 2.1                               | Provide proof of health and safety related training provided such as training analysis, Certificates, Job Specific Training or Induction Training program?   |            |           |            |
| <b>3.</b>                         | <b>Health and Safety Plan (SHE Plan)</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 3.1                               | Provide a health and safety plan (SHE Plan).   |            |           |            |
| 3.2                               | Does the health and safety (SHE) plan contain the following?   |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Define SHE responsibilities for different levels of employees i.e management, supervisors, employees</li> </ul>   |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how health and safety risks and hazards for the contract/project will be identified and mitigated?</li> </ul>                                    |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how Safe Working Procedures (SWP/SOP) will be developed and how employees will be trained on such SWP's?</li> </ul>                              |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how health and safety training will be conducted?</li> </ul>   |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how inspections and audits will be conducted?</li> </ul>   |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how health and safety communication will be conducted i.e daily safety talks, toolbox talks, incident recalls, safety performance etc</li> </ul> |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how health and safety representatives will be appointed?</li> </ul>  |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how occurrences/incidents will be recorded, reported and investigated?</li> </ul>  |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how Personal Protective Equipment (PPE) will be selected, approved and training of employees on their use?</li> </ul>                            |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Document how emergency plans will be developed and training of employees on such plans?</li> </ul>  |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Fatigue management and Fit for duty processes i.e substance abuse testing and how to deal with positive results, fatigue management addressed?</li> </ul> |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Provision of first aid measures?</li> </ul>   |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Medical testing of all employees by Occupational Health Practitioner?</li> </ul>  |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Measures to be put in place for security of employees and safeguarding of equipment?</li> </ul>   |            |           |            |
|                                   | <ul style="list-style-type: none"> <li>▪ Provision of welfare facilities?</li> </ul>   |            |           |            |

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|  | <ul style="list-style-type: none"> <li>▪ COVID Requirements</li> </ul> |  |  |  |
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| 4.  | SELECTION, PROCUREMENT AND MANAGEMENT OF SUBCONTRACTORS   | YES | NO | N/A |
|---|---|-----|----|-----|
| 4.1   | Will some of the work be subcontracted? If yes, provide:  |     |    |     |
|   | <ul style="list-style-type: none"> <li>▪ Procedure showing how subcontractors will be assessed to ensure that they are capable of performing the work safely and how they will be managed to ensure compliance to safety requirements?</li> </ul> |     |    |     |
| 5.  | FALL PROTECTION (Applicable where work will be performed at fall risk position)   | YES | NO | N/A |
| 5.1   | Will there be any work conducted from a fall risk position? If yes  |     |    |     |
|   | <ul style="list-style-type: none"> <li>▪ Provide a fall protection plan to demonstrate that all work at fall risk position will be undertaken under competent supervision, carried out by employees who are trained and medically fit?</li> </ul> |     |    |     |
|   | <ul style="list-style-type: none"> <li>▪ Does your fall protection plan include rescue plan, risk assessment, inspection, testing and maintenance of fall protection equipment?</li> </ul>  |     |    |     |
| 6.  | RAILWAY SAFETY  | YES | NO | N/A |
| 6.1   | Railway Safety Permit issued (where required)   |     |    |     |
| 6.2   | Siding Safe Working Procedure:  |     |    |     |
| 6.3   | Railway Safety Management System  |     |    |     |
| 6.4   | Reporting Procedure to RSR  |     |    |     |
| 6.5   | Maintenance Processes of railway infrastructure   |     |    |     |
| 6.6   | Station Safe Working Procedure  |     |    |     |
| <b>Name of Transnet Contract Manager/Designated Transnet Person (Safety):</b> |   |     |    |     |
| <b>Signature of Transnet Contract Manager/Designated Transnet Person:</b>     |   |     |    |     |
| <b>Signature of Transnet Contract Manager/Designated Transnet Person:</b>     |   |     |    |     |
| <b>Date of Receipt of Documentation:</b>                                      |   |     |    |     |

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| <b>Comments:</b>                             |  |  |
| <b>Date of Endorsement of Documentation:</b> |  |  |