

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 – (Armed Response and Monitoring)

• COVID-19 16:5 (Appointment only)

All of the following are required prior to contract signing Actual Ref. **KPIs** score **Apply** 1 or 0 Comments Apply (Yes/ No) Occupational Health and Safety Section 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 Occupational, Health and Safety Plan (OHS Plan) This must be relevant to the Scope of work (Armed Response and Monitoring), addressing and responding to the Eskom Health and Safety Specification (numbering must align to left hand side numbers in the SHE Specification.COVID-19 procedures to be included. Review date to be included in the document). To be signed off by the Owner / CEO / MD Baseline Risk Assessment to be in line with the Scope of Work (To include Driving & COVID-19 health risks and next review date) (Approved by CEO/Director) Valid Letter of Good Standing or equivalent, i.e., COID, RMA or 5. FEMA. (Nature of Business to be applicable) The letter of good standing must state the relevant services rendered by the company, e.g., Security/ Armed Response Monitoring in line with the Scope of Work applicable for this tender Health and Safety Policy- signed by the Owner / CEO or MD, 6. SHE Competency; proof of the following training certificates and 7. appointment letters for each of the following: NB: Please ensure that all training certificates are provided with the Stamped Accreditation Certificate by the Service Provider. • Sec 17; Health and Safety Representative (Appointment if not yet • GSR 3(4); First aid level 2, · CR 29 (h&i); Fire fighter, · CR 9(1); Risk Assessor, • CR 8(5); Safety Officer PSIRA Registration for the company (Certificate only), · Permit for Fire Arm for the company (Certificate only), • GAR 9(2); Incident Investigator,

8.	Medical Fitness Certificate issued by the Occupational Health Practitioner / Nurse / Doctor (ONLY) (provide 3 medical certificates for company representatives listed in point 7).		
	NB: All company representatives listed shall be medical fit & examined by Medical Practitioner.		
9.	Emergency Preparedness Plan (Include backup support)		
10.	Substance Abuse Procedure or Policy- (submit one and Policy must be signed by CEO/Director)		