High Risk Category – Objective criteria-TRAINING CONTRACT- (Lifting Machine Operator Training)

All of the following are required prior to contract signing

Ref.	KPIs	Track Submission Apply (Yes/ No)	Actual score Apply 1 or 0	Comments
	Occupational Health and Safety Section			
1.	**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*) must be referenced**			
3.	**Occupational, Health and Safety Plan (OHS Plan)** This must be relevant to the Scope of work (Lifting Machine Operator Training), addressing and responding the Eskom Health and Safety Specification (numbering must align to left hand side numbers in the SHE Specification.COVID19 procedures and plans to be included. Review date to be included in the document). To be signed off by the Owner / CEO / MD			
4.	**Baseline Risk Assessment to be in line with the Scope of Work** (To include Driving & COVID19 with next review date) (*Approved by CEO/Director*)			
5.	**Valid Letter of Good Standing or equivalent, i.e. COID, RMA or FEMA,** **(Nature of Business to be applicable)** The letter of good standing must state the relevant services rendered by the company, e.g. Training/ Electrical Training/ Facilitation/ Consulting/ Teaching.			
6.	**Health and Safety Policy- *signed by the Owner / CEO or MD,***			
7.	**SHE Competency; proof of the following training certificates and appointment letters for each of the following;** • Health and Safety Representative – For Company • First aid level 2- For Facilitator • Fire fighters- For Facilitator • Risk Assessor- For Facilitator • Safety Officer- For Company- Registered with SACPCMP Ref:32-136, 32-726 • Incident investigator- For Company • COVID19 16:5 (Appointment only)- For Company • Lifting Machine Operator Training Certificate-For Facilitator			

8.	**Medical Fitness Certificate (including Annexure 3 format) - Occupational Health Practitioner / Nurse / Doctor (ONLY)** **-For Facilitators listed on organogram**			
9.	**Substance Abuse Procedure**			
10.	**Costing for SHE (Safety Requirements)**			

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