

	Form Header and Footer Portait Template	Template Identifier	240-43921898	Rev	5
		Document Identifier	240-106084699	Rev	1
		Effective Date	November 2016		
		Review Date	December 2021		

1. Construction work

<u>Ref.</u>	<u>KPIs</u>	<u>Submission</u>	<u>Actual score</u>	<u>Comments</u>
		Y = Yes N= No N/A = Not applicable		
1	Annexure B Is the acknowledgement of Eskom's SHE rules and requirements form signed and submitted by the tenderer?			
2	OHS plan (Applicable to high risk work only) <ul style="list-style-type: none"> • OHS organization within the Company- Responsibility & Accountability • SHE Incident management • Planning of conduct of work activities including planning for changes and emergency work • PPE- Personal Protective Equipment • Emergency planning and fire risk management • Vehicle and driver behavior safety • Contractor or supplier selection and management • Design and specifications • Permits 			

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		Y = Yes N= No N/A = Not applicable		
	<ul style="list-style-type: none"> • Competency, training, appointments • Communication and awareness <p>Management commitment and visible felt leadership</p>			
3	<p>Costing for Safety Health and Environmental management</p> <p>Has the tenderer submitted detailed (The cost should be broken down not provided as a lump sum) costing for SHE, i.e. –</p> <ul style="list-style-type: none"> • based on the overall scope of work/service to be performed; • the generic scope of work/service risk assessment – will may serve as a guideline. 			
4	<p>Baseline Risk Assessment (BRA)</p> <p>Identification, assessment and management of SHE risks related to the scope of work. The methodology used for the risk assessment must be provided together with the BRA</p>			

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		Y = Yes N= No N/A = Not applicable		
5	Valid Letter of Good Standing (COIDA or equivalent)			
6	SHE policy signed by CEO/ MD- Comply to OHS Act Section 7 or OSHAS 18001			
7	SHE Competency (Consider scope of work, risks, SHE plan and applicability) CV,s and qualifications / certificates e.g. - First aiders - Safety officer (SACPCMP registered. Indicate whether fulltime or part-time) - SHE Representative - HCS Controller - Incident investigator			
8	Valid Medicals (for all staff who will be working at site)			
	TOTAL			Approved/ Not Approved

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Score:

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

1 = Document submitted and the content satisfy the minimum requirements

*NOTE: For explanatory notes for the listed items (SHE requirements) please refer to [240 - 77433139 Annexure A: Supplier Risk Category](#)

2. Other requirements

<u>Ref.</u>	<u>KPIs</u>	<u>Submission</u>	<u>Actual score</u>	<u>Comments</u>
		Y = Yes N= No		
1				
2				
3				
4				
	TOTAL			

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