



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 Management commitment and visible felt leadership			
3	Costing for Safety Health and Environmental management Has the tenderer submitted detailed (The cost should be broken down not provided as a lump sum) costing for SHE, i.e. – <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	Baseline Risk Assessment (BRA) 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			

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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. <ul style="list-style-type: none"> - 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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