

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	Is the acknowledgement of Eskom's SHE rules and requirements form (Annexure B) signed and submitted by the tenderer?			
2	OH&S Organogram (Approved by CEO/ Director)– including names and appointment reference)			
3	Occupational, Health and Safety Plan (OHS Plan) This must be relevant to the Scope of work (Electrification Household Connections), addressing and responding the Eskom Health and Safety Specification (numbering must align to left hand side numbers in SHE Specification. Review date to be included in the document). To be signed off by the Owner / CEO/ MD.			
4	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. – - 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.			

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5	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	No	0	
6	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. Electrical related construction work in line with the Scope of Work applicable for this tender. This must be <u>valid at the date of tender submission.</u>	Yes	1	
7	SHE policy signed by CEO/ MD- Comply to OHS Act Section 7 or OSHAS 18001			

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8	SHE Competency (Consider scope of work, risks, SHE plan and applicability) CV, s and qualifications / certificates e.g. - First aiders GSR - Safety officer CR (8.5) (SACPCMP) - Construction Manager CR (8.1) - Supervisor CR (8.7) - Assistant Supervisor CR (8.8) - SHE Representative OHACT Section 17 - Hazardous Biological Agents Controller (HBAR) - Incident investigator GAR 9 (2) - Crane operator DMR 18 (11) - Lifting Machine Inspector DMR 18 (1) - Lifting Tackle inspector DMR 18(10) (e) - Inspector of Fall Arrest Systems – CR 10 (2)(d) - Mobile plant operator CR (23) - Excavation Supervisor CR (13)			
9	Management of Substance abuse procedure			
10	Medical Surveillance program			
11	Fall Protection plan including Rescue			

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		Template Identifier	240-43921898	Rev	5
		Document Identifier	240-77471651	Rev	2
		Effective Date	November 2024		
		Review Date	December 2029		

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		Y = Yes N= No N/A = Not applicable		
	TOTAL			Approved/ Not Approved

.....

Name & Surname

.....

Signature

.....

Date

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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	No SHE submission by this contractor			
2				
3				
4				
	TOTAL			

Score:

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Development Team

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