ANNEXURE H

TENDER SAFETY ASSESSMENT CRITERIA

	HEALTH AND SAFETY			
1.	**POLICY, ORGANISATION AND MANAGEMENT INVOLVEMENT**	**YES**	**NO**	**N/A**
1.1	Provide a copy of company SHE Policy?			
1.2	Provide company organogram indicating all legal appointments that will be made if successful?			
1.3	Has the Contractor made provision for the cost for health and safety requirements for the contract/project. Provide proof or declaration.			
2.	**TRAINING**	**YES**	**NO**	**N/A**
2.1	Provide proof of health and safety related training provided such as training analysis, Certificates, Job Specific Training or Induction Training program?			
3.	**Health and Safety Plan (SHE Plan)**	**YES**	**NO**	**N/A**
3.1	Provide a health and safety plan (SHE Plan).			
3.2	Does the health and safety (SHE) plan contain the following?			
	▪ Define SHE responsibilities for different levels of employees i.e management, supervisors, employees			
	▪ Document how health and safety risks and hazards for the contract/project will be identified and mitigated?			
	▪ Document how Safe Working Procedures (SWP/SOP) will be developed and how employees will be trained on such SWP's?			
	▪ Document how health and safety training will be conducted?			
	▪ Document how inspections and audits will be conducted?			
	▪ Document how health and safety communication will be conducted i.e daily safety talks, toolbox talks, incident recalls, safety performance etc			
	▪ Document how health and safety representatives will be appointed?			
	▪ Document how occurrences/incidents will be recorded, reported and investigated?			
	▪ Document how Personal Protective Equipment (PPE) will be selected, approved and training of employees on their use?			
	▪ Document how emergency plans will be developed and training of employees on such plans?			
	▪ Fatigue management and Fit for duty processes i.e substance abuse testing and how to deal with positive results, fatigue management addressed?			
	▪ Provision of first aid measures?			
	▪ Medical testing of all employees by Occupational Health Practitioner?			
	▪ Measures to be put in place for security of employees and safeguarding of equipment?			
	▪ Provision of welfare facilities?			
	▪ COVID Requirements			

4.	SELECTION, PROCUREMENT AND MANAGEMENT OF SUBCONTRACTORS	YES	NO	N/A
4.1	Will some of the work be subcontracted? If yes, provide:			
	▪ Procedure showing how subcontractors will be assessed to ensure that they are capable of performing the work safety and how they will be managed to ensure compliance to safety requirements?			
5.	**FALL PROTECTION (Applicable where work will be performed at fall risk position)**	**YES**	**NO**	**N/A**
5.1	Will there be any work conducted from a fall risk position? If yes			
	▪ Provide a fall protection plan to demonstrate that all work at fall risk position will be undertaken under competent supervision, carried out by employees who are trained and medically fit?			
	▪ Does your fall protection plan include rescue plan, risk assessment, inspection, testing and maintenance of fall protection equipment?			
6.	**RAILWAY SAFETY**	**YES**	**NO**	**N/A**
6.1	Railway Safety Permit issued (where required)			
6.2	Siding Safe Working Procedure:			
6.3	Railway Safety Management System			
6.4	Reporting Procedure to RSR			
6.5	Maintenance Processes of railway infrastructure			

Name of Transnet Contract Manager/Designated Transnet Person (Safety):		
Signature of Transnet Contract Manager/Designated Transnet Person :		
Signature of Transnet Contract Manager/Designated Transnet Person :		
Date of Receipt of Documentation:		
Comments:		
Date of Endorsement of Documentation:		