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| **Name of BU** |  | | |
| **Scope of work:** |  | | |
| **Contract/Order number** |  | **Duration of the contract** |  |
| **Type of contract e.g. as and when/ full time** |  | | |

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| **Eskom Project Leader** |  | **Contact number** |  |
| **Name of Contractor Company** |  | **Total number of Employees** |  |
| **Contractor Responsible Person** |  | **Contact Number** |  |
| **Evaluation/ Assessment Date** |  |  |  |

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| **#** | **Legal and other Reference** | | | **Question** | **YES** | **NO** | **NA** | | **Remarks** | |
| **1.** | **CONTRACTOR / Appointed contractor** | | | | | | | | | |
|  | OHS ACT 32 | | | Is the agreement signed Sec 37(2) |  |  |  | |  | |
|  | OHS ACT | | | Letter of good standing or insurance cover above R500 000 for sole source (for a company with one director or owner, ***NB: no employees*** ***employed***) |  |  |  | |  | |
|  |  | | | \* What is your registration number |  |  |  | |  | |
|  | OHS Specification | | | OHS Requirements issued to the contractor   1. OHS Specification 2. Annexure B 3. Annexure C1-4 |  |  |  | |  | |
|  | OHS Specification | | | Detailed scope of work |  |  |  | |  | |
|  | OHS Specification | | | Health & Safety Plan |  |  |  | |  | |
| **2.** | **APPOINTMENTS – (a competent person)**  **SITE SPECIFIC ORGANOGRAM** | | | | | | | | | |
|  | Sec 16(2) | | Designation Employer | |  |  | |  | |  |
|  | Sec 17(1) | | OHS Representatives (more than 20 employees or risk based) | |  |  | |  | |  |
|  | GAR 9(2) | | Competent person to conduct investigations | |  |  | |  | |  |
| **3.** | **Legal and other Reference** | **RISK ASSESSMENT (will include)** | | | **YES** | **NO** | | **NA** | | **Remarks** |
|  | OHS Act Sec 8 | Risk Identification – baseline risk assessment | | |  |  | |  | |  |
|  | 32-520 | Risk Analysis | | |  |  | |  | |  |
|  | 32-520 | Risk Controls/Safe work procedure/Method statement | | |  |  | |  | |  |
|  | 32-520 | Risk Matrix and Rating | | |  |  | |  | |  |
|  | 32-520 | Monitoring Plan | | |  |  | |  | |  |
|  | 32-520 | Review Plan | | |  |  | |  | |  |

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| **4.** | **Legal and other Reference** | | **INDUCTION TRAINING** | | | | | | | | | |
|  | 32-726 | | 1. Was induction done by the Client (Eskom) | |  | |  | |  | |  | |
|  | OHS Specification | | * Proof of induction of person done by Eskom | |  | |  | |  | |  | |
| **5.** | **Legal and other Reference** | | **PERSONAL PROTECTION EQUIPMENT** | | | | | | | | | |
|  | GSR2 & OHSACT 8(2)(b) | | The risk-based PPE matrix in place |  | |  | |  | |  | | |
|  | GSR2 & 8(b) | | Register of PPE issued on site (risk based) |  | |  | |  | |  | | |
|  | OHS Specification | | Monthly inspections records of PPE |  | |  | |  | |  | | |
|  | OHS Specification | | Employees trained on the use of PPE |  | |  | |  | |  | | |
| **6.** | **Legal and other Reference** | **INCIDENT MANAGEMENT: 32-95** | | | | | | | | | | |
|  | COIDA | Incident management procedure aligned with 32-95 | |  | |  | |  | | | |  |
|  | COIDA & OHSACT 14(e) & 24 | Incident initial notification and investigation templates available | |  | |  | |  | | | |  |
|  | 32-95 | Incident register available (Appendix 2 register) | |  | |  | |  | | | |  |
|  | GAR 9 | Incident investigation Annexure 1 template | |  | |  | |  | | | |  |
|  | GAR 9 | WCL forms available | |  | |  | |  | | | |  |
| **7.** | **Legal and other Reference** | **VEHICLE SAFETY MANAGEMENT: 32-345** | | | | | | | | | | |
|  | Eskom procedure 32-345  Sedans, Bakkies, Trucks | The vehicle inspection checklist | |  | |  | |  | | | |  |
|  | List of Vehicles onsite | |  | |  | |  | | | |  |
|  | First Aid kit | |  | |  | |  | | | |  |
|  | Fire Extinguishers | |  | |  | |  | | | |  |
|  | Emergency numbers displayed | |  | |  | |  | | | |  |
| **8.** | **Legal and other Reference** | **RECORDS (Checklists or Templates)** | | | | | | | | | | |
|  | OHS specification | Toolbox talk register (Template) | |  | |  | |  | | | |  |
|  | OHS specification | Training Matrix | |  | |  | |  | | | |  |
|  | OHS specification | Worker’s timesheet/ daily attendance register | |  | |  | |  | | | |  |
|  | OHS specification | Medical Fitness certificates | |  | |  | |  | | | |  |
|  | GAR 8 | Endorsement of SHE Rep inspection | |  | |  | |  | | | |  |
|  | OHS specification | ID copies | |  | |  | |  | | | |  |

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| **9.** | **Legal and other Reference** | **COVID 19 REQUIREMENTS** | | | | |
|  | National Disaster Management Act | Covid-19 Workplace plan |  |  |  |  |
|  | National Disaster Management Act | Covid-19 Policy |  |  |  |  |
|  | National Disaster Management Act | Covid-19 Risk Assessment |  |  |  |  |
|  | National Disaster Management Act | Covid-19 Compliance Officer (if applicable) |  |  |  |  |

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|  | **More information required** |  | **Not Approved** |  | **Approved** |

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| **Evaluated/Assessed by:**  **Safety Officer** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |

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| **Accepted by: Contractor Representative** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |

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| **Verified by Eskom Safety Risk Management (Manager/Senior Advisor)** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |

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| **Approval acknowledged by Eskom Project Leader** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |