

	Main Contractor Appointment Letter	Document Identifier	240-64729708	Rev	7
		Effective Date	Aug 2021		
		Review Date	September 2026		

I, **(Name & Surname of the appointer)** the **(Designation of the appointer*)** for **(Site name)** hereby appoint you **(Add Appointee Name & Surname)** being the Contractor's Representative for **(Add full company Name)** as **Main Contractor** for **(Scope of work)** ; to perform the following duties.

Designated Functional Responsibilities and Authority

In particular you are required amongst others, to ensure the following –

- provide and demonstrate to the client sufficient documented Health and Safety Plan based on clients documented health and safety specification.
- open and keep on site a health and safety file, which must include all documentation required in terms of the Act, which must be available on request to an inspector; the client representative or the appointed contractor.
- on appointing of any other contractor and ensure compliance with the provision of the Act.
- ensure health and safety plan is available on request to an employee, inspector, or the client's representative.
- hand over a consolidated health and safety file to the client upon completion of work/project.
- include and make available a comprehensive and updated list of all contractors on site accountable to the main contractor, the agreements between the parties and the type of work being done
- ensure that all his or her employees have a valid medical certificate of fitness specific to the scope of work to be performed and issued by an occupational health practitioner in the form of Annexure 3.
- stop any contractor from performing an activity which poses a threat to the health and safety of persons and which is not in accordance with the client's health and safety specifications and the Contractor's Health and Safety Plan for the site.

You are required to report any deviations from the above-mentioned instructions to me.

You shall submit a written weekly report on all shortfalls that have not been met in terms of these regulations.

This appointment is effective from **(Add Start Date Here)** until withdrawn by the **(Designation of the appointer*)**.

Signature

(Designation of the appointer*)

Date

Acceptance of Designation

I, **(Add Appointee Name Here) (Add Unique number or ID number)**, hereby acknowledge and accept the above-mentioned appointment and declare that I am conversant with the relevant provisions of the Occupational Health and Safety Act No. 85 of 1993.

Main Contractor

Date

* **Designation of appointer refers to but not limited to the following:**

16.2 Appointee, Programme Manager, Programme Director, Responsible Manager

Public