

|                                                                                   |                                                          |                     |              |     |   |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|---------------------|--------------|-----|---|
|  | Annexure C 1: OHS Tender Evaluation Template (High risk) | Template Identifier | 240-43921898 | Rev | 5 |
|                                                                                   |                                                          | Document Identifier | 240-77471651 | Rev | 3 |
|                                                                                   |                                                          | Effective Date      | May 2021     |     |   |

1. Tenderer's / Supplier's name: ...Nombuso Xulu..... Tender Ref number: .....

Scope of work: .....Retic Major.....

| <u>Ref.</u> | <u>OHS Tender Returnable</u>                                                                                                                                                                                                                                               | <u>Submission</u>                        | <u>Comments</u> |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|
|             |                                                                                                                                                                                                                                                                            | Y = Yes<br>N= No<br>N/A = Not applicable |                 |
| 1           | <b>Annexure B</b><br>Is the acknowledgement of <b>Eskom's OHS</b> legal and other requirements form signed by the CEO/MD & 2 witness.                                                                                                                                      |                                          |                 |
| 2           | <b>OH&amp;S Organogram</b><br>Includes names and appointment reference and to be approved by CEO/MD.                                                                                                                                                                       |                                          |                 |
| 3           | <b>Occupational, Health and Safety Plan (OHS Plan)</b> must address the project /scope of work OHS risk(s) and aligned with the health and safety specification or requirements (Numbering must align to the left-hand side numbers in the SHE Specification). Next review |                                          |                 |

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| <u>Ref.</u> | <u>OHS Tender Returnable</u>                                                                                                                                                                                                                                                                                                   | <u>Submission</u>                        | <u>Comments</u> |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|
|             |                                                                                                                                                                                                                                                                                                                                | Y = Yes<br>N= No<br>N/A = Not applicable |                 |
|             | date to be included and to be signed by the CEO/MD of the company.                                                                                                                                                                                                                                                             |                                          |                 |
| 4           | <b>Costing for Health and Safety management</b><br>(The cost should be broken down not provided as a lump sum). <ul style="list-style-type: none"> <li>The costing must be based on the overall scope of work/service to be performed;</li> <li>The scope of work and the risk assessment may serve as a guideline.</li> </ul> |                                          |                 |
| 5           | <b>Baseline OHS Risk Assessment (BRA)</b><br>Identification, assessment and management of OHS risks related to the scope of work. The methodology used for the risk assessment must be provided together with the BRA. (Driving to be included)<br>Next review date to be added and to be signed by CEO/Director.              |                                          |                 |

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| <u>Ref.</u> | <u>OHS Tender Returnable</u>                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Submission</u>                        | <u>Comments</u> |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Y = Yes<br>N= No<br>N/A = Not applicable |                 |
| 6           | <b>Valid Letter of Good Standing</b> (COIDA or equivalent)<br>The letter of good standing must state the relevant services rendered by the company e.g. Electrical related construction work inline with Scope of Work applicable for this tender.                                                                                                                                                                                               |                                          |                 |
| 7           | <b>OHS policy signed by CEO</b><br>The submitted policy must comply to OHS Act Section 7 To be signed by the Owner/CEO/MD and have the next review date.                                                                                                                                                                                                                                                                                         |                                          |                 |
| 8           | <b>OHS Competency</b><br>Proof of the training certificates and appointment letters for each of the following: NB Accreditation certificates to be provided by the training service provider to the contractor for each competency. <ul style="list-style-type: none"> <li>Section 17 Health and Safety Representative (Appointment if not yet trained).</li> <li>GSR 3(4) First Aid Training.</li> <li>CR 29(h&amp;i) Fire Fighters.</li> </ul> |                                          |                 |

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|                                                                                   |                                                                 | <b>Effective Date</b>      | <b>May 2021</b>     |            |          |

| <u>Ref.</u> | <u>OHS Tender Returnable</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Submission</u>                        | <u>Comments</u> |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Y = Yes<br>N= No<br>N/A = Not applicable |                 |
|             | <ul style="list-style-type: none"> <li>• CR 9(1) Risk Assessor.</li> <li>• CR 8 (3) Construction Supervisor with Supervision Certificate and MV/LV line Construction.</li> <li>• CR 8(1) Construction Manager Appointment (Curriculum Vitae for the Appointed Person).</li> <li>• CR 8(4) Safety Officer (Registered with SACPCMP-signed contract for the appointed SHE Officer during project execution stage).</li> <li>• CR 10(1) Fall Protection Planner/Developer</li> <li>• Fall Rescuer (Training Certificate only).</li> <li>• GAR 9(2) Incident Investigator.</li> <li>• CR 13(1) Competent person for Excavation Work.</li> </ul> |                                          |                 |
| 9           | <b>Medical Fitness Certificate (Including Annexure 3)</b><br>To be done by the Occupational Health Practitioner/Nurse/Doctor (Minimum of 3).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                 |

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| <u>Ref.</u>           | <u>OHS Tender Returnable</u>                                                                                                                                                         | <u>Submission</u>                        | <u>Comments</u>                     |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|
|                       |                                                                                                                                                                                      | Y = Yes<br>N= No<br>N/A = Not applicable |                                     |
| 10                    | <b>Fall Protection Plan as per CR10 (With Rescue Plan &amp; Fall Risks)</b><br>Next review date to be included, to be signed by the fall protection planner & CEO/MD of the company. |                                          |                                     |
| 11                    | <b>Substance Abuse Procedure or Policy</b><br>Policy to be signed by the CEO/MD.                                                                                                     |                                          |                                     |
| <b>Recommendation</b> |                                                                                                                                                                                      |                                          | <b>Recommended /Not Recommended</b> |

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\*NOTE: For explanatory notes for the listed items (OHSOHS requirements) please refer to [240 - 77433139 Annexure A: Supplier Risk Categor](#)Other requirements

**Annotation: Populate additional OHS tender returnable(s) that are applicable to the scope of work and need to be evaluated prior to contract award. *This section must be deleted if not applicable.***

| <u>Ref.</u>           | <u>OHS Tender returnable</u> | <u>Submission</u> | <u>Comments</u>                     |
|-----------------------|------------------------------|-------------------|-------------------------------------|
|                       |                              | Y = Yes<br>N= No  |                                     |
| 1                     |                              |                   |                                     |
| 2                     |                              |                   |                                     |
| 3                     |                              |                   |                                     |
| <b>Recommendation</b> |                              |                   | <b>Recommended /Not Recommended</b> |

Nondumiso Dlamini

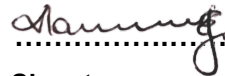
.....

Eskom OHS Representative

SHE Officer

.....

Designation

.....

Signature

08/06/2026

.....

Date

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