

	Annexure C 1: SHE Tender Evaluation and Scoring Card (Tracking submission and the quality thereof)	Document Identifier	240-77471651	Rev	4
		Authorisation Date	July 2014		
		Review Date	March 2026		

High Risk Category – Objective criteria (PPU Contract)

NB: Accreditation letter to be provided by Service Providers for all certificates

Ref.	KPIs	Track Submission	Actual score Apply 1 or 0	Comments
		Apply (Yes/No)		
	Occupational Health and Safety Section			
1.	Is the acknowledgement of Eskom's OHS rules and requirements form (Annexure B) signed by the Owner / CEO / MD and 2 witnesses?			
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 of Electrical Work addressing and responding to the Eskom Health and Safety Specification (SHE Plan numbering must align to the left-hand side numbers in the SHE Specification). Review date to be included in the document). To be signed off by the Owner / CEO / MD.			
4.	Risk Assessment procedure / Method Statement. Baseline Risk Assessment (Provided by the Client)			
5.	Valid Letter of Good Standing or equivalent, i.e. COID, RMA or FEMA, (with applicable nature of business with relevant to the scope of work).			
6.	Health and Safety Policy- signed by the Owner / CEO or MD, (Including review date).			
7.	SHE Competency; proof of the following training certificates and appointment letters for each of the following. NB accreditation certificate to be provided by training provider for each competency. • Sec. 17 Health and Safety Representative (Appointment if not yet trained) • GSR 3(4) First Aid (Perform Basic Life support training) • CR 29 (h&i) Fire fighter • CR 9(1) Risk Assessor • CR 8(7) Construction Supervisor (With MV/LV line Construction) • CR 8(5) Safety Officer (Registered with SACPCMP) • CR 10(1) Fall protection planner/developer- SANS 229994 • Fall rescuer (Competency Certificate)-SANS 229998 • GAR 9(2) Incident investigator • CR 13 (1) Competent person for Excavation work			

8.	Medical Fitness Certificate (including Annexure 3 template)- (done by Occupational Health Practitioner / Nurse / Doctor (Minimum of 2)			
9.	Fall Protection Plan as per CR10 (with Rescue Plan & Fall Risks) (Next Review date to be included and to be signed by CEO/MD)			
10.	Substance Abuse Procedure or Policy. Policy must be sign by CEO/MD (With review date)			
11.	Costing for SHE			

Name & Surname: _____

Signature: _____

Date: _____