
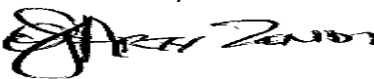


**37.2 Agreement in terms of Occupational  
Health and Safety Act No. 85 of 1993**



Document Title	37.2 Agreement in terms of OHS Act of 1993
Client	eThekweni Municipality – IMU Unit
Project Name	City Integrity and Investigation Directorate for 36 months
Contract Number	1K - 34129
Revision	01
Date	23/10/2025
Internal Reference No.	37.2 AGM/120/10/2025
Compiled by (Safety officer)	Name and surname: Siya Nkosi Signature:  Date: 23 October 2025
Reviewed by (Manager: Safety & Risk)	Name and surname: Arty Zondi Signature:  Date: 23 October 2025



# **ETHEKWINI MUNICIPALITY**

## **OCCUPATIONAL HEALTH AND SAFETY**

### **OCCUPATIONAL HEALTH AND SAFETY ACT 1993, (ACT NO. 85 OF 1993) MANDATORY AGREEMENT – 37.2**

---

#### **The Service Provider Acknowledgement of Responsibility in terms of the Occupational Health and Safety Act**

Written agreement between ETHEKWINI Municipality (the “employer”)

And

(the “Service Provider”)

as provided for in terms of Section 37 (2) of the Occupational Health and Safety Act No.85 of 1993 as amended by Act 181 of 1993.

I hereby declare that I, ....., am authorised to represent the “Service Provider” and acknowledge that the “Service Provider” is an employer with all duties and responsibilities as prescribed in the Occupational Health and Safety Act no. 85 of 1993.

I agree to ensure that all work performed, or machinery and plant used by the “Service Provider” on any ETHEKWINI Municipality premises shall be by the provisions of the said Act.

Furthermore, I agree the “Service Provider” shall comply with all ETHEKWINI Municipality site rules and safety, health, and environmental requirements as may be communicated or stipulated by ETHEKWINI Municipality before and during any Contract awarded to the “Service Provider” by ETHEKWINI Municipality.

Furthermore, I undertake to ensure that ETHEKWINI Municipality is timeously informed should the “Service Provider”, for whatever reason, be unable to perform in terms of this agreement.

The Service Provider’s driver must obey the traffic signs and speed limit within eThekwini Municipality premises.

The Service Provider shall ensure his/her vehicle is in good working condition.

The Service Provider must ensure that all his or her employees have a valid medical certificate of fitness.

The Service Provider shall ensure that all employees under his/her control are wearing the

appropriate Personal Protective Equipment.

The Service Provider must be familiar with eThekweni Municipality Emergency Evacuation Plan.

The Service Provider must be registered and in good standing with the Compensation for Occupational Injuries and Diseases Commissioner or Person Accident Cover.

Signed this .....day of .....20.....

On behalf of the “Service Provider” (print) .....

(sign) .....

On behalf of the “employer” (print).....

(sign) .....