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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** | **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 Specification | Appointment of Contractor |  |  |  |  |
|  | OHS ACT | Letter of good standing |  |  |  |  |
|  |  | \* What is your registration number |  |  |  |  |
|  | OHS Specification | OHS/ OHS Requirements issued to the contractor |  |  |  |  |
|  | OHS Specification | Health & Safety Plan |  |  |  |  |
|  | OHS Specification | Is there any appointed contractor (Subcontractor) |  |  |  |  |
|  | OHS Specification | Appointed contractor appointment by Contractor |  |  |  |  |
| **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) |  |  |  |  |
|  | Sec 19(3) | Chairman of SHE Committee |  |  |  |  |
|  | GAR 9(2) | Competent person to conduct investigations |  |  |  |  |
|  | GSR 3(4) | First Aider  |  |  |  |  |
|  | Sec 8 | Contractor Supervisor |  |  |  |  |
|  | OHS Specification | Contractor Safety Officer |  |  |  |  |
|  |  | \* Full Time |  |  |  |  |
|  |  | \* Part Time |  |  |  |  |
|  |  | \* If part time what is the frequency of visits to site |  |  |  |  |
|  | OHS Act Sec 8 | Competent person to conduct Risk Assessment and training/awareness |  |  |  |  |
|  | OHS Act  | Competent person for inspection of fire equipment |  |  |  |  |

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| **3.** | **Legal and other Reference** | **RISK ASSESSMENT (will include)** | **YES** | **NO** | **NA** | **Remarks** |
|  | OHS Act Sec 8 | Risk Identification |  |  |  |  |
|  | 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 |  |  |  |  |
| **4.** | **Legal and other Reference** | **INDUCTION TRAINING** |
|  | 32-726 | 1. Was the induction done by the Contractor
 |  |  |  |  |
|  | OHS Specification | * The Contractor training syllabus /programme
 |  |  |  |  |
|  | OHS Specification | * Attendance register of the induction course (to be provided before work commences)
 |  |  |  |  |
|  | 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** | **Working at heights** |
|  | 32-418 | Fall protection plan |  |  |  |  |
|  | 32-418 | Rescue plan |  |  |  |  |
|  | 32-418 | Risk Assessment |  |  |  |  |
|  | 32-418 | Training of employees working at heights |  |  |  |  |
|  | 32-418 | Medical fitness assessments (refer to Annexure 3) |  |  |  |  |
|  | 32-418 | Planned Inspections of fall protection equipment |  |  |  |  |
|  | 32-418 | The appointment of the competent Supervisor (training?) |  |  |  |  |
|  | 32-418 | Awareness of employees working at heights |  |  |  |  |
| **6** | **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 |  |  |  |  |
| **7.** | **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 |  |  |  |  |
|  | **Legal and other Reference** | **VEHICLE SAFETY MANAGEMENT: 32-345** |
|  | Eskom procedure 32-345Sedans, Bakkies, Trucks and Minibuses | 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 | Monthly inspection/audit checklist |  |  |  |  |
|  | OHS specification | Daily inspection checklist |  |  |  |  |
|  | OHS specification | Toolbox talk register (Template) |  |  |  |  |
|  | OHS specification | Induction programme |  |  |  |  |
|  | OHS specification | Training Matrix |  |  |  |  |
|  | OHS specification | Worker’s timesheet/ daily attendance register |  |  |  |  |
|  | HCAR 3 | Chemical Agents and Safety Data Sheet |  |  |  |  |
|  | OHS specification | Medical Fitness certificates |  |  |  |  |
|  | GAR 8 | Endorsement of SHE Rep inspection & minutes by OHS Committee Chairperson |  |  |  |  |
|  | OHS specification | ID copies |  |  |  |  |
|  | GSR 3 | Accreditation certificate of the Service provider for First Aid training  |  |  |  |  |
| **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 |  |  |  |  |

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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*** |