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|  | GENERATION CONTRACTOR SAFETY FILE EVALUATION CHECKLIST | Document Identifier | 32-726-06T | Rev | 1 |
| | | Effective Date | May 2022 | | |

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|---|----------------------------------|--|------------|-----------|------------|----------------|
| Contractor CEO or MD | | Cell/Tel | | E-mail | | |
| Contractor Site Manager | | Cell/Tel | | E-mail | | |
| Contractor Safety Manager/Officer | | Cell/Tel | | E-mail | | |
| Contract/Order number | | Duration of the contract | | | | |
| Type of contract e.g. as and when/ full time: | | | | | | |
| Eskom Contract Manager/End User | | Cell/Tel | | E-mail | | |
| SCOPE OF WORKS | | | | | | |
| Contractors Staff Complement | | | | | | |
| Criteria | | | Yes | No | N/A | Remarks |
| 1 | Legal and other Reference | PRINCIPAL CONTRACTOR & CONTRACTOR/S | | | | |
| | OHSACT 32 | Is the 37(2)-agreement signed by both parties | | | | |
| | COIDA | Is the valid letter of good standing in the file | | | | |
| | | <ul style="list-style-type: none"> • Registration number: • Expiry date: | | | | |
| | GAR 4 | Updated copy of OHS Act and Regulations available in the Safety File | | | | |
| | SHE Specification | Method Statement / Safe Working Procedures for all activities | | | | |
| | SHE Specification | Is the Clients SHE/OHS requirements in the file | | | | |
| | 32-520 | Is the Client's Baseline Risk Assessment in the file | | | | |
| | SHE Specification | Is the Safety, Health and Environmental Plan (SHE) in the file | | | | |
| | 32-726 | SHE Plan approved and signed | | | | |
| | Internal standard | Signed project organogram by the contractor CE/MD | X | | | |
| | SHE Specification | Appointment of a Contractor | | | | |
| 2 | Legal and other Reference | APPOINTMENTS: - (a competent person) | Yes | No | N/A | Remarks |
| | Sec. 16(2) | Designated Employer | | | | |
| | Sec. 17 (1) | Competent SHE Representatives | | | | |
| | Sec. 19(3) | Chairperson of Safety, Health and Environmental Committee | | | | |
| | GAR 8,9 | Competent person to conduct Incident investigations | | | | |
| | GMR 2(1) | Competent person for Supervision of machinery | | | | |
| | OHS Act 8 | Contractor supervisor | | | | |
| | | Contractor Safety Officer | | | | |
| | 32-520 | Competent person to do Risk Assessment | | | | |
| | | Competent person for Fall Protection Planner and implementer (to be onsite) | | | | |
| | | Competent person for structures | | | | |
| | SANS 10085 | Competent person for scaffolding erector & inspector | | | | |
| | | Competent person to operate machinery used for excavation | | | | |
| | | Experienced person to supervise demolition work (CV & reference list) | | | | |

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|--|---|--|--|--|--|--|
| | | Competent person for suspended platforms | | | | |
| | SANS 10085 | Competent scaffolding supervisor | | | | |
| | | Competent person to operate materials hoist (checklist) | | | | |
| | | Competent person to inspect materials hoist | | | | |
| | | Competent person to operate batch plants | | | | |
| | | Competent crane operators and certified | | | | |
| | | Contractor vehicles & mobile plants inspector | | | | |
| | | Temporary electrical installation inspector | | | | |
| | | Competent person for stacking & storage | | | | |
| | | Competent person for inspection of fire equipment | | | | |
| | GSR 3.4 | Competent first aider | | | | |
| | Level 3 technician (SAQA accreditation) | Competent Rope access Supervisor | | | | |

| | Legal and other Reference | INCIDENT MANAGEMENT | Yes | No | N/A | Remarks |
|----------|----------------------------------|--|------------|-----------|------------|----------------|
| | COIDA | Contractors incident management procedure aligned with 32-95 | | | | |
| | COIDA & OHSACT 14(e) & 24 | Incident initial notification and investigation templates available | | | | |
| | GAR | Incident register available (Appendix 2 register) | | | | |
| | GAR 9 | Incident investigation Annexure 1 template & WCL forms available | | | | |
| 3 | Legal and other Reference | RISK ASSESSMENT (will include) | Yes | No | N/A | Remarks |
| | OHSACT 8 | Risk Identification | | | | |
| | 32-520 | Risk Analysis | | | | |
| | 32-520 | Method statement | | | | |
| | 32-520 | Risk Matrix and Rating | | | | |
| | 32-520 | Monitoring Plan | | | | |
| 4 | Legal and other Reference | INDUCTION TRAINING | Yes | No | N/A | Remarks |
| | 32-726 | 1. Was the induction done by the Contractor | | | | |
| | SHE Specification | <ul style="list-style-type: none"> The Contractor training syllabus /programme | | | | |
| | SHE Specification | <ul style="list-style-type: none"> Attendance register of the induction course (to be provided before work commences) | | | | |
| | 32-726 | 2. Was induction done by the Client (Eskom) | | | | |
| | SHE Specification | <ul style="list-style-type: none"> Proof of induction of person done by Eskom | | | | |
| | SHE Specification | <ul style="list-style-type: none"> ID Copies | | | | |
| 5 | Legal and other Reference | FALL PROTECTION PLAN | Yes | No | N/A | Remarks |
| | 32-418 | Do the Risk Assessment and method statements address all risks | | | | |

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| | | | | | | |
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| | 32-418 | Are the employees' physical & psychological fitness assessment reports in place conducted by the registered Occupational Medical Practitioners/Occupational Health Nurse | | | | |
| | 32-418 | Are the climbers trained | | | | |
| | 32-418 | Are rescuers available and trained | | | | |
| | 32-418 | Is the Inspection, testing and maintenance procedure for all the fall protection equipment in place | | | | |
| | 32-418 | Is the completed fall protection plan signed by the competent contractor Supervisor/Engineer | | | | |
| | Legal and other Reference | CONFINED SPACES | | | | |
| | Plant Safety Regulations/ ERW 2,3,4 & 5 | Risk assessment in includes: Lighting, ventilation, thermal environment, Ergonomics (awkward body positioning) | | | | |
| | Plant Safety Regulations | Safe work procedure for working in confined space | | | | |
| | GSR 5(3) | PPE Required – Breathing equipment (risk based) | | | | |
| | | Safety Line & Safety harness | | | | |
| | GSR 5(1) & 3(c) | Competency training for employees working in confined space | | | | |
| | SHE Specification | Medical fitness certificate (refer to Annexure 3) | | | | |
| | SHE specification | Weekly Toolbox talks checklist | | | | |
| | | Planned Inspections or behavioural based inspection checklist | | | | |
| | ERW 6 | Housekeeping inspection checklist | | | | |
| | ERW 9 | Emergency evacuation plan/ Rescue plan | | | | |
| 6 | Legal and other Reference | CERTIFICATION OF MEDICAL FITNESS | Yes | No | N/A | Remarks |
| | 32-136 | Are contractor employees in possession of the valid medical fitness certificates issued by the registered Occupational Medical Practitioners/Occupational Health Nurse | | | | |
| | 32-136 | ID copies | | | | |
| | Legal and other Reference | PERSONAL PROTECTION EQUIPMENT | Yes | No | N/A | Remarks |
| | GSR2 & OHSACT 8(2)(b) | The risk-based PPE matrix in place | | | | |
| | GSR2 & 8(b) | Register of PPE issued on site (risk based) | | | | |
| | SHE Specification | Monthly inspections records of PPE checklist | | | | |
| 7 | Legal and other Reference | PLANNED MAINTENANCE INSPECTION, REGISTERED RECORDS (CHECKLISTS AND SIGNATURE) | Yes | No | N/A | Remarks |
| | SANS 10085 | Scaffold, inspection, testing and maintenance of fall protection equipment's checklist | | | | |
| | DMR 18 (5) | Lifting machines and lifting tackle inspections checklist | | | | |
| | GSR 3 (4) | First Aid box inspection and treatment register checklist (proof if available) | | | | |

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|----------|----------------------------------|--|------------|-----------|------------|----------------|
| | DMR 18(5)(a)(b) | Lifting machines load test certificate | | | | |
| | PER (6)2c | Inspection and service of Pressure equipment and fire extinguishers checklist (proof if available) | | | | |
| | EMR 9 | Inspection of Portable electrical equipment checklist (proof if available) | | | | |
| | EMR 10 | Inspection of Portable electrical lights checklist (proof if available) | | | | |
| 8 | References | RECORDS | Yes | No | N/A | Remarks |
| | | Record of inspections of structures | | | | |
| | | Certificate of system design for suspended platform | | | | |
| | | Competencies of erector operators & inspectors | | | | |
| | | Contractors monthly inspection/audit checklist | | | | |
| | | Contractors daily inspection checklist | | | | |
| | | Toolbox talk register (Template) | | | | |
| | | Safety harness inspection tests by the manufacturer or Manufacturers manual | | | | |
| | GSR 2 | Contractor Induction programme | | | | |
| | | Contractor training Matrix | | | | |
| | | Inspection results of material hoists checklist | | | | |
| | | Mobile plant inspection checklist | | | | |
| | | Contractor vehicle inspection checklist | | | | |
| | | Temporary electrical installation inspection checklist | | | | |
| | HCAR 3 | Contractor workers timesheet/ daily attendance register | | | | |
| | | | | | | |
| | Legal and other Reference | COVID 19 REQUIREMENTS | | | | |
| | National Disaster Management Act | Covid-19 Management Procedure | | | | |
| | National Disaster Management Act | Covid-19 Policy | | | | |
| | National Disaster Management Act | Covid-19 Risk Assessment | | | | |
| | National Disaster Management Act | Covid-19 Compliance Officer | | | | |

| | | | | | |
|------------------------------------|--|-------------------|----------------|-------------|--|
| Contractor's Representative | | Signature: | | Date | |
| Eskom SHE Practitioner | | Signature: | | Date | |
| File evaluated by | | Signature: | | Date | |
| Evaluation outcome | | | Not app | | |
| Eskom Contract Manager | | | | | |

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