

	Business Management System Construction Services Occupational Health and Safety Evaluation Report – Service Providers/Services Contractor/Suppliers	Document Identifier	240-119656515	Rev	1
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CONTRACT NO.	
NAME OF MANAGER	
PROJECT	
SCOPE	

SERVICE PROVIDER/SERVICES CONTRACTOR/SUPPLIER	
Name and Details	

PURPOSE	To assess whether the above-mentioned Service Providers/Services Contractor/Supplier/s submitted the required occupational health and safety documentation as specified in the SHE SPECIFICATION, and that such occupational health and safety documentation complies with Legislative requirements.
REFERENCE DOCUMENTATION	Eskom SHE Specification, Form 74

	Applicable (<i>tick applicable items</i>)		
SECTION A: (HEALTH AND SAFETY DOCUMENTATION)	Applicable	Submmited (yes or no)	Comment
1. Signed and authorized OH&S Policy	✓		
2. Hazard Identification, Risk Assessment procedure	✓		
3. Legal appointments	✓		
4. Resources, Roles , Responsibility and Authority	✓		
5. Competency, training and awareness including induction procedure	✓		
6. Communication, participation and consultation procedure	✓		
7. Control of documents and records procedure	✓		
8. Emergency preparedness and response	✓		
9. Performance measurement and monitoring procedure	✓		
10. Evaluation of compliance	✓		
11. Non- conformity, corrective and preventative action procedure	✓		
12. Internal Audits procedure	✓		
13. Valid letter of good standing/ Workman's compensation	✓		

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14. Baseline Risk Assessment	✓		
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SECTION B: SHE PLAN (As per SHE Specification Requirements)			
1. SHE Plan (To demonstrate the following as minimum)	✓		
<ul style="list-style-type: none"> Indication of SHE competencies and appointments, including duties and SHE responsibilities of appointed persons on site 	✓		
<ul style="list-style-type: none"> Training plan, including SHE induction 	✓		
<ul style="list-style-type: none"> Occupational hygiene. 	✓		
<ul style="list-style-type: none"> SHE communications and meetings, including daily safe task instructions and project safety meetings 	✓		
<ul style="list-style-type: none"> Management of contractors and suppliers. 	✓		
<ul style="list-style-type: none"> Health and Safety inspections and audits 	✓		
<ul style="list-style-type: none"> Visible Felt Leadership Inspections by Contractor's senior Management 	✓		
<ul style="list-style-type: none"> SHE surveillance, measurements and monitoring 	✓		
<ul style="list-style-type: none"> Operational control procedures 	✓		
<ul style="list-style-type: none"> Management of personal protective clothing 	✓		
<ul style="list-style-type: none"> Handle/Control of dangerous and hazardous substances. 	✓		
<ul style="list-style-type: none"> High Risk activities 	✓		
<ul style="list-style-type: none"> Emergency preparedness, Evacuation and rescue plan 	✓		
<ul style="list-style-type: none"> Legal and other requirements. 	✓		
<ul style="list-style-type: none"> Housekeeping requirements 	✓		
<ul style="list-style-type: none"> Substance abuse management 	✓		
<ul style="list-style-type: none"> Document and record control 	✓		
<ul style="list-style-type: none"> Maintenance arrangements of machinery and equipment 	✓		
<ul style="list-style-type: none"> Workers welfare facilities 			

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• Compliance to Life Saving rules (Implementation, monitoring, Enforcement and disciplinary processes etc.)	✓		
• Fall Protection Plan	✓		
• Incident Management	✓		
• Smoking policy	✓		
• Transportation of employees to and, from site.	✓		
• Health and Safety Organogram	✓		
SECTION C : SHE FILE	✓		
1. Past Health and Safety Performance (12 months progressive)			
2. Inspections and Audits program (templates)	✓		
3. Program of Compliance to Life Saving Rules	✓		
4. Procedures and Method Statements	✓		
5. Notification of construction (template)	✓		
6. Medicals(copy of any medical)	✓		
7. Transport	✓		
8. Access control	✓		
9. Incident Management	✓		

Motivation on outstanding items in the evaluation above		
No.	Requirement	Issue
OCCUPATIONAL HEALTH AND SAFETY EVALUATOR		
Name	Signature	Date

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