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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** |  |

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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 |  |  |  |  |

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| **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 |  |  |  |  |
|  | DMR 18(11) | Operator of Lifting Machinery, Lifting Tackle & Forklifts  |  |  |  |  |
|  | DMR 18(5) | Inspector of Lifting Machinery Lifting Tackle |  |  |  |  |
|  | 32-418 | Competent person to prepare the Fall Protection Plan |  |  |  |  |
|  | OHS Act  | Temporary electrical installation inspector |  |  |  |  |
|  | OHS Act  | Competent person for stacking & storing |  |  |  |  |
|  | OHS Act  | Competent person for inspection of fire equipment |  |  |  |  |
|  | PSR | Responsible Person |  |  |  |  |
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| **#** | **Legal and other Reference** | **Question** | **YES** | **NO** | **NA** | **Remarks** |
|  | OHS Act | Competent person for design and erection of cranes |  |  |  |  |
|  | SANS 10085 | Competent person for scaffolding |  |  |  |  |
|  | OHS Act  | Competent person for suspended platforms |  |  |  |  |
|  | OHS Act  | Competent person to operate material hoists |  |  |  |  |
|  | OHS Act  | Competent person to inspect material hoists (checklist) |  |  |  |  |
|  | EIR 7(1) | Master Installation Electrician (if applicable for COC – Proof of Certificate) |  |  |  |  |
|  | OHS Act  | Competent person to operate bulk mixing plant |  |  |  |  |
|  | OHS Act  | Competent person for inspection of explosive powered tools |  |  |  |  |
|  | OHS Act  | Competent person for issuing & collecting of cartridges & nails |  |  |  |  |
|  | OHS Act  | Vehicle & mobile plants inspector |  |  |  |  |

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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 |  |  |  |  |

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| **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)
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|  | OHS Specification | * Proof of induction of person done by Eskom
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| **#** | **ACT** | **Question** | **YES** | **NO** | **NA** | **Remarks** |
| **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 |  |  |  |  |

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| **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 |  |  |  |  |

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| **7.** | **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 |  |  |  |  |
|  | Safety Line & Safety harness |  |  |  |  |
|  | GSR 5(1) & 3(c) | Competency training for employees working in confined space  |  |  |  |  |
|  | OHS Specification | Medical fitness certificate (refer to Annexure 3) |  |  |  |  |
|  | OHS specification | Weekly Toolbox talks (Signatures) |  |  |  |  |
|  | 32-407 | Planned Inspections or behaviour-based inspection |  |  |  |  |
|  | ERW 6 | Housekeeping inspection checklist |  |  |  |  |
|  | ERW 9 | Emergency evacuation plan/ Rescue plan |  |  |  |  |
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| **8.** | **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 |  |  |  |  |

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| **9.** | **Legal and other Reference** | **PLANNED MAINTENANCE INSPECTION, REGISTERED RECORDS****(CHECKLIST)** |
|  | SANS 10085 | Scaffold, Inspection, testing and maintenance of fall protection equipment checklist |  |  |  |  |
|  | DMR 18(5) | Lifting machines and lifting tackle inspection checklist |  |  |  |  |
|  | DMR 18(5)(a)(b) | Lifting machines load test certificate |  |  |  |  |
|  | PER 11 | Vessels under pressure and fire extinguishers checklist |  |  |  |  |
|  | EMR 11 | Portable electric lights inspection checklist |  |  |  |  |

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| **10.** | **Legal and other Reference** | **RECORDS (Checklists or Templates)** |
|  | OHS Act | Certificate of system design for suspended platform |  |  |  |  |
|  | OHS Act | Competencies of erector, operators & inspectors |  |  |  |  |
|  | OHS specification | Monthly inspection/audit checklist |  |  |  |  |
|  | OHS specification | Daily inspection checklist |  |  |  |  |
|  | OHS specification | Toolbox talk register (Template) |  |  |  |  |
|  | GSR 2 | Safety harness inspection tests by the manufacturer or Manufacturers manual |  |  |  |  |
|  | OHS specification | Induction programme |  |  |  |  |
|  | OHS specification | Training Matrix |  |  |  |  |
|  | OHS Act | Inspection results of material hoists checklist |  |  |  |  |
|  | OHS Act | Mobile plant inspection checklist e.g. tractors, yellow plant etc |  |  |  |  |
|  | OHS Act | Temporary electrical installation inspection checklist |  |  |  |  |
|  | 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  |  |  |  |  |

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| **12.** | **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*** |

**Development Team**

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5. Eric Ramadie
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11. Mikateko Chauke
12. Florence Pooe