Eskom	Annexure C 1: SHE Tender Evaluation and Scoring Card (Tracking submission and the quality thereof)	Document Identifier	240-77471651	Rev	1
		Authorisation Date	July 2014		
		Review Date	March 2023		

High Risk Category- SAFETY CONTRACTUAL REQUIREMENTS

PROJECT NAME: Vegetation Management

All of the following are required prior to contract signing

Ref.	KPIs	Track Submission Apply (Yes/ No)	Actual score Apply 1 or 0	Comments
	Occupational Health and Safety Section			
1.	**Is the acknowledgement of Eskom's OHS rules and requirements form (Annexure B) signed by the Owner / CEO / MD and 2 witnesses?**			
2.	**OH&S Organogram (*Approved by CEO/Director*)**			
3.	**Occupational, Health and Safety Plan (OHS Plan)** This must be relevant to the Scope of work, addressing and responding the Eskom Health and Safety Specification (numbering must align to left hand side numbers in the SHE Specification.COVID19 procedures and plans to be included. Review date to be included in the document). To be signed off by the Owner / CEO / MD			
4.	**Baseline Risk Assessment to be in line with the Scope of Work** (To include Driving & COVID19 with next review date) (*Approved by CEO/Director*)			
5.	**Valid Letter of Good Standing or equivalent, i.e. COID, RMA or FEMA,** **(Nature of Business to be applicable)** The letter of good standing must state the relevant services rendered by the company, e.g. Electrical related construction work in line with the Scope of Work applicable for this tender			
6.	**Health and Safety Policy- *signed by the Owner / CEO or MD,***			
7.	**SHE Competency; proof of the following training certificates for each of the following;** • Health and Safety Representative • First aid level 2, • Fire fighters, • Risk Assessor • Safety Officer (SACPCMP) Ref:32-136, 32-726 • Pest Control Officer (PCO) • Incident investigator, • COVID19 16:5 (Appointment only)			
8.	**Medical Fitness Certificate (including Annexure 3 format) - Occupational Health Practitioner / Nurse / Doctor (ONLY)**			

	• 2 medical certificates to be submitted			
9.	**Substance Abuse Procedure**			
10.	**Costing for SHE must include Covid-19 items/PPE**			

SAFETY REPRESENTATIIVE NAME:	**Tumi Phiri**
SAFETY REPRESENTATIVE SIGNATURE:	
DATE:	**2022.06.13**