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|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------|----------------------|------------|----------|
|  | <b>NTCSA - Annexure T 1: OHS Tender Evaluation Microwave Access Radio (High risk)</b> | <b>Document Identifier</b> | <b>559-716786105</b> | <b>Rev</b> | <b>0</b> |
|                                                                                   |                                                                                       | <b>Effective Date</b>      | <b>July 2024</b>     |            |          |
|                                                                                   |                                                                                       | <b>Review Date</b>         | <b>July 2027</b>     |            |          |

**1. Tenderer's / Supplier's name:** ..... **Tender Ref number:** .....

**Scope of work:** .....

| <u><b>Ref.</b></u> | <u><b>OHS Tender Returnable</b></u>                                                                                                                                                                                   | <u><b>Submission</b></u>                                      | <u><b>Comments</b></u> |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------|
|                    |                                                                                                                                                                                                                       | <b>Y = Yes</b><br><b>N= No</b><br><b>N/A = Not applicable</b> |                        |
| 1                  | <b>Annexure B</b><br>Is the acknowledgement of <b>Eskom's OHS</b> legal and other requirements form signed and submitted by the tenderer?                                                                             |                                                               |                        |
| 2                  | <b>Baseline OHS Risk Assessment (BRA)</b><br>Identification, assessment and management of OHS risks related to the scope of work. The methodology used for the risk assessment must be provided together with the BRA |                                                               |                        |

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| <u>Ref.</u> | <u>OHS Tender Returnable</u>                                                                                                                                                                                                                                                                                                                                                       | <u>Submission</u>                                             | <u>Comments</u> |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------|
|             |                                                                                                                                                                                                                                                                                                                                                                                    | <b>Y = Yes</b><br><b>N= No</b><br><b>N/A = Not applicable</b> |                 |
| 3           | <b>Health and Safety Plan</b> (must address the project /scope of work OHS risk(s) and aligned with the health and safety specification or requirements)                                                                                                                                                                                                                           |                                                               |                 |
| 4           | <b>Costing for Health and Safety management</b><br>Has the tenderer submitted detailed costing for OHS (the cost should be broken down not provided as a lump sum). <ul style="list-style-type: none"> <li>The costing must be based on the overall scope of work/service to be performed.</li> <li>The scope of work and the risk assessment may serve as a guideline.</li> </ul> |                                                               |                 |
| 5           | <b>Valid Letter of Good Standing</b> (COIDA or equivalent)                                                                                                                                                                                                                                                                                                                         |                                                               |                 |
| 6           | <b>OHS policy signed by CEO</b><br>The submitted policy must comply to OHS Act Section 7                                                                                                                                                                                                                                                                                           |                                                               |                 |

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| <u>Ref.</u>           | <u>OHS Tender Returnable</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Submission</u>                                             | <u>Comments</u>                     |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Y = Yes</b><br><b>N= No</b><br><b>N/A = Not applicable</b> |                                     |
| 7                     | <b>OHS Competency</b><br>(Consider scope of work, risks, OHS plan and applicability) CV, s and qualifications / certificates (List competencies required) <ul style="list-style-type: none"> <li>• Fall arrest training certificates</li> <li>• Rescue training certificates</li> <li>• Safety Officer Qualifications (National Diploma/ B-tech or equivalent)</li> <li>• Valid first Aid Level 3 competency certificate</li> <li>• SACPCMP professional registration (Officer/ Manager/ agent)</li> </ul> |                                                               |                                     |
| <b>Recommendation</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               | <b>Recommended /Not Recommended</b> |

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**\*NOTE:** For explanatory notes for the listed items (OHSOHS requirements) please refer to [240 - 77433139 Annexure A: Supplier Risk Category](#)

### 1. Other requirements

**Annotation:** Populate additional OHS tender returnable(s) that are applicable to the scope of work and need to be evaluated prior to contract award. *This section must be deleted if not applicable.*

| <u>Ref.</u>           | <u>OHS Tender returnable</u>                                                                                                                                                                                                                                                                                                                               | <u>Submission</u> | <u>Comments</u>                     |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------|
|                       |                                                                                                                                                                                                                                                                                                                                                            | Y = Yes<br>N= No  |                                     |
| 1                     | Previous Safety Performance for the past 3 financial years plus YTD (Signed statistics on company letterhead, audited where possible) <ul style="list-style-type: none"> <li>Number of lost time injuries &amp; Lost Time Injury Rate (LTIR)</li> <li>Number of Medical injuries</li> <li>Number of FA incidents</li> <li>Number of Near misses</li> </ul> |                   |                                     |
| 2                     |                                                                                                                                                                                                                                                                                                                                                            |                   |                                     |
| 3                     |                                                                                                                                                                                                                                                                                                                                                            |                   |                                     |
| <b>Recommendation</b> |                                                                                                                                                                                                                                                                                                                                                            |                   | <b>Recommended /Not Recommended</b> |

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.....

Eskom OHS Representative

.....

Designation

.....

Signature

.....

Date

2.Development Team

Public

|                                                                                   |                                                                                       |                            |                      |            |          |
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