

|    |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
|----|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|---|---------------------------------|-----------------------|---------------------------------|--|
|    | A                                                                                            | B                                                                                                                                                                  | C               | D                                                                                                                                                                                                                                                                                                                                                                                                      | E              | F            | G | H                               | I                     | J                               |  |
| 1  | Turbine Hall                                                                                 |                                                                                                                                                                    |                 | <br>Johannesburg Water                                                                                                                                                                                                                                                                                              |                |              |   | PAGE NO.                        |                       |                                 |  |
| 2  | 85 Ntengi Pillao                                                                             |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 | CLOSING DATE AND TIME |                                 |  |
| 3  | Newtown                                                                                      |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 | 17-Feb-26             | 16:00:00 PM                     |  |
| 4  |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 | Date of Issue         |                                 |  |
| 5  | P O Box 61542                                                                                |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 | 02-Feb-26             |                                 |  |
| 6  | Marshalltown 2107                                                                            |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 | VALIDITY              |                                 |  |
| 7  | Tel : (011) 688-1400 Fax : (011) 688-1556                                                    |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 | 7 DAYS                |                                 |  |
| 8  |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 9  |                                                                                              | INITIATING DEPARTMENT                                                                                                                                              | INITIATOR       |                                                                                                                                                                                                                                                                                                                                                                                                        | QUOTATION DATE |              |   |                                 |                       |                                 |  |
| 10 |                                                                                              | GOUDKOPPIES                                                                                                                                                        | SOPHONIA NTHEBE |                                                                                                                                                                                                                                                                                                                                                                                                        | 60 DAYS        |              |   |                                 |                       |                                 |  |
| 11 |                                                                                              | QUOTATION REFERENCE                                                                                                                                                | COLLECTIVE NO.  |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 12 | RFQJW06KM25-Refurbishment of ablution facilities , main office foyer area and workshop areas |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 13 | QUOTATION REQUESTED FROM                                                                     |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 14 |                                                                                              |                                                                                                                                                                    |                 | QUOTATIONS WILL BE EVALUATED ON THE 80/20 POINT SCORING SYSTEM. 80 POINTS WILL BE ALLOCATED TO PRICE AND THE REMAINING 20 POINTS<br>ALL SUPPLIERS RESPONDING TO QUOTATIONS SHOULD BE REGISTERED ON CENTRAL SUPPLIER DATABASE (CSD)                                                                                                                                                                     |                |              |   |                                 |                       |                                 |  |
| 15 |                                                                                              |                                                                                                                                                                    |                 | JW SCM Contact Person : Khutso Mookamedi                                                                                                                                                                                                                                                                                                                                                               |                |              |   |                                 |                       |                                 |  |
| 16 |                                                                                              |                                                                                                                                                                    |                 | Telephone Number : 011 688 1927                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 17 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 18 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 19 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 20 | ITEM NO.                                                                                     | DESCRIPTION OF ITEM OFFERED                                                                                                                                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                        | UOM            | QTY REQUIRED |   | PRICE QUOTED<br>EXCL. OF V.A.T. | DISCOUNT              | PRICE QUOTED<br>INCL. OF V.A.T. |  |
| 21 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 22 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 23 |                                                                                              | Refurbishment of ablution facilities , main office foyer area and workshop areas                                                                                   |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 24 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 25 | 1                                                                                            | Refurbishment of ablution facilities at head of works,main workshop offices and passage.                                                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 26 | 2                                                                                            | Quote as per the attached BoQ.                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 27 | 3                                                                                            | Safety file.                                                                                                                                                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 28 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 29 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 30 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 31 |                                                                                              | NB: More details will be provided at the compulsory briefing session on 10 February 2026@10:00 AM                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 32 |                                                                                              | CIBB REQUIREMENTS: TENDERERS SHOULD HAVE A CONTRACTOR CIBB GRADING OF 1 GB OR HIGHER.                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 33 |                                                                                              | NB: Delivery Address is GOUDKOPPIES Wastewater Treatment Works                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 34 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 35 |                                                                                              | NB: Delivery Address is Goudkoppies Wastewater Treatment Works                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 36 |                                                                                              | Corner East and Gibbs Road,                                                                                                                                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 37 |                                                                                              | Devland.                                                                                                                                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 38 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 39 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 40 |                                                                                              | For more information contact SOPHONIA NTHEBE on 082 466 1619                                                                                                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 41 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 42 |                                                                                              | SMME (An EME or QSE) 51% or more black owned by Black People                                                                                                       |                 | 20                                                                                                                                                                                                                                                                                                                                                                                                     |                |              |   |                                 |                       |                                 |  |
| 43 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 44 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 45 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 46 |                                                                                              | NB: All suppliers responding to RFQs should use their own company letter head not JW RFQ Template AND MAKE SURE THEIR EMAIL ADDRESS IS VISIBLE ON THEIR QUOTATION. |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 47 |                                                                                              | NB: A copy of valid lease agreement or municipal account(not older than 3 months) should be submitted with a quote                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 48 |                                                                                              | NB: MBD forms attached should be completed and submitted with the quote                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 49 |                                                                                              | NB: All Quotes should be on PDF (MS WORD, MS EXCEL, PICTURES ARE NOT ALLOWED)                                                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 50 |                                                                                              | NB: Copy of valid BBBEE CERTIFICATE or SWORN AFFIDAVIT to be submitted with the quote                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 51 |                                                                                              | PLEASE NOTE THAT SUBMISSIONS MUST BE MADE ON E-TENDER PORTAL                                                                                                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 52 | SUPPLIER DETAILS                                                                             |                                                                                                                                                                    |                 | 1. QUOTATIONS RECEIVED AFTER CLOSE OF BUSINESS ON THE CLOSING DATE WILL NOT BE ACCEPTED.<br>2. QUOTATIONS WITHOUT BRAND NAMES WHERE REQUIRED WILL NOT BE ACCEPTED<br>3. PRICES QUOTED MUST BE AS PER THE UNIT INDICATED AND BE EXCLUDED OF VAT<br>4. ACCEPTANCE OF A QUOTATION WILL BE SUBJECT TO JOHANNESBURG WATER'S SUPPLY CHAIN POLICY<br>5. TOTAL QUOTATION VALUE TO INCLUDE VAT WHERE APPLICABLE |                |              |   |                                 |                       |                                 |  |
| 53 | OFFICIAL STAMP                                                                               | AUTHORISED BY:.....                                                                                                                                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 54 |                                                                                              | SIGNATURE:.....                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 55 |                                                                                              | DATE:.....                                                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 56 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |
| 57 |                                                                                              |                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                |              |   |                                 |                       |                                 |  |

**BOQ**  
**REFURBISHMENT OF HEAD OF WORKS AND MAIN WORKSHOP**

| Item No.                            | Description                                          | Unit | Quantities | Amount |
|-------------------------------------|------------------------------------------------------|------|------------|--------|
| <b>Main W/Shop</b>                  |                                                      |      |            |        |
| 1.                                  | Floor laminate with vinyl in the kitchen             | M2   | 72M2       |        |
| 2.                                  | Floor laminate with vinyl on the passage and offices | M2   | 80M2       |        |
| 3.                                  | Replace single wooden doors                          | Each | 2          |        |
| 4.                                  | Replace double wooden doors                          | Each | 6          |        |
| 5.                                  | Vanish kitchen table                                 | Each | 5.55m2     |        |
| 7.                                  | Vanish Kitchen bench                                 | Each | 2          |        |
| 8.                                  | Replace toilet wooden doors                          | Each | 2          |        |
| 9.                                  | Replace toilet inner flush mechanism                 | Each | 4          |        |
| <b>Head of Works Females Ablut.</b> |                                                      |      |            |        |
| 1.                                  | Replace steel burglar gate lock                      | Each | 1          |        |
| 2.                                  | Paint interior walls                                 | M2   | 206m2      |        |
| 3.                                  | Replace shower heads                                 | Each | 3          |        |
| 4.                                  | Replace hand basin taps                              | Each | 6          |        |
| 5.                                  | Replace toilet sets complete                         | Each | 3          |        |
| 6.                                  | Paint ceiling                                        | M2   | 162m2      |        |
| 7.                                  | Paint interior wooden door                           | Each | 2          |        |
| 8.                                  | Replace fascia board                                 | M    | 25M2       |        |

*Heamari*

11/09/2025

**Directors:**

Ms Dineo Majavu (Chairperson), Mr Ntshavheni Mukwevho (Managing Director and Executive Director),  
Mr Kgaugelo Mahlaba (Chief Financial Officer and Executive Director), Mr Sipho Mthembu, Ms Zandile Meeleso, Mr Pholoso Matjele,  
Mr Kgaile Mogoye, Mr Molate Mashifane, Ms Pamela Mabece, Mr Collen Sambo, Mr Makoko Makgonye, Ms Thabiso Kutumela,  
Mr Kefiloe Mokoena

Ms Kethabile Mabe (Company Secretary),

Johannesburg Water SOC Ltd

Registration Number: 2000/029271/30



a world class African city



## City of Johannesburg

Johannesburg Water SOC Ltd

Turbine Hall  
65 Ntengi Piliso Street  
Newtown  
Johannesburg

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Marshalltown  
2107

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|                          |                                           |      |         |  |
|--------------------------|-------------------------------------------|------|---------|--|
| 9.                       | Paint burglar gate                        | Each | 1       |  |
| 10.                      | Laminate windors                          | m    | 16.31m2 |  |
| 11.                      | Replace broken window panes               | Each | 2       |  |
| 12.                      | Replace broken tiles above the hand basin | Each | 20      |  |
| 13.                      | Replace broken hand basin                 | Each | 1       |  |
| <b>MALES ABLUTION</b>    |                                           |      |         |  |
| 1.                       | Replace shower heads                      | Each | 3       |  |
| 2.                       | Paint ceiling                             | M2   | 162m2   |  |
| 3.                       | Paint interior walls                      | M2   | 206m2   |  |
| 4.                       | Replace hand basin tap mixers             | Each | 3       |  |
| 5.                       | Replace toilet sets                       | Each | 2       |  |
| 6.                       | Replace urinal chamber flush masters      | Each | 2       |  |
| 7.                       | Paint interior wooden doors               | Each | 4       |  |
| 8.                       | Replace shower mixer taps                 |      | 4       |  |
| <b>MAIN OFFICE FOYER</b> |                                           |      |         |  |
| 1.                       | Replace suspended ceiling panels          | Each | 20      |  |
| 2.                       | Water proofing                            | M2   | 120m2   |  |
| 3                        | Replace alluminium door locks             | Each | 2       |  |
| 4.                       | Replace alluminium door handles           | Each | 2       |  |

*Boamari*

11/09/2025

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## HEALTH, SAFETY & ENVIRONMENTAL (SHE) SPECIFICATION: BASELINE RISK ASSESSMENT

|                   |                                                                                           |
|-------------------|-------------------------------------------------------------------------------------------|
| PROJECT NUMBER:   | RFQJWxxxxNM22                                                                             |
| PROJECT LOCATION: | Olifantsvlei WWTW                                                                         |
| PROJECT DESCR:    | Refurbishment of analyser building (paint, tiling, install wooden door, install ceiling). |

### POSSIBLE RISKS FOR THIS PROJECT

| Task                                | Hazard                                             | Risk                                                                     | Consequence                                                                   | Rating          | Controls                                                                                                                                                              |
|-------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OHS requirements</b>             | ✓ No safety file                                   | ✓ Contravening the Construction Regulations and clients OHS requirements | ✓ Contractor will not be allowed to commence work without proper OHS document | <b>High</b>     | ✓ Compile a safety file according to the OHS specification that will be given to you by the client.<br>✓ Comply with the requirements of the Construction Regulations |
| <b>Site Access</b>                  | ✓ Unauthorized entry                               | ✓ Injuries or theft                                                      | ✓ Injury to unauthorized persons resulting in JW legal liability              | <b>High</b>     | ✓ All persons on site must undergo JW induction<br>✓ Access to be granted by works management                                                                         |
|                                     | ✓ Exposure to chemical exposure                    | ✓ Inhalation of toxic fumes and skin burns                               | ✓ Adverse health effects or even fatality                                     | <b>Moderate</b> | ✓ Contractor to be inducted on no-go areas                                                                                                                            |
| <b>Manual handling (Ergonomics)</b> | ✓ Improper manual loading and offloading procedure | ✓ Musculoskeletal injuries (e.g., back strain)                           | ✓ Moderate to severe injury                                                   | <b>High</b>     | ✓ Manual handling training<br>✓ Request assistance while carrying heavy loads                                                                                         |
|                                     | ✓ Repetitive handling tasks                        | ✓ Repetitive strain injuries (RSI)                                       | ✓ Long-term musculoskeletal problem                                           | <b>High</b>     | ✓ Rotate tasks to reduce repetition<br>✓ Take interval breaks                                                                                                         |
|                                     | ✓ Awkward postures                                 | ✓ Injury due to twisting                                                 | ✓ Moderate injury or strain                                                   | <b>High</b>     | ✓ Manual handling training                                                                                                                                            |
|                                     | ✓ Heavy loads                                      | ✓ Back, shoulder, or knee injury                                         | ✓ Moderate to severe injury                                                   | <b>High</b>     | ✓ Assess the weight of the load before lifting                                                                                                                        |

|                                                                                     |                                               |                                                               |                                                                   |          |                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     |                                               | ✓ Loss of balance, dropped load                               | ✓ Moderate to severe injury                                       | Moderate | ✓ Assess the weight of the load before lifting                                                                                                                                                                                                                                                                                                   |
|                                                                                     | ✓ Handling corrosive or contaminated material | ✓ Chemical burns, infection, or illness                       | ✓ Adverse health effects                                          | High     | ✓ Use of proper PPE                                                                                                                                                                                                                                                                                                                              |
| <b>Exposure to Hazardous Chemical Substances (HCS) i.e. paint, tile cement, etc</b> | ✓ Improper storage or disposal of HCS         | ✓ Environmental contamination                                 | ✓ Legal battles, soil contamination and costly remedial processes | High     | ✓ Employees receive the necessary information and training to be able to use, handle and store hazardous chemical substances safely.<br>✓ Assess the risks associated with the use of chemicals.<br>✓ Keep records of SDS.<br>✓ Appoint HCA Coordinator.<br>✓ Keep SDS in a ventilated environment.<br>✓ Provide breathing apparatus.            |
|                                                                                     | ✓ Spill or leak during use or transportation  | ✓ Ground or water contamination, slip hazard                  | ✓ Environmental damage,<br>✓ Injury                               | Moderate | ✓ Suppliers provide the necessary information in the form of material Safety Data Sheets (SDS) regarding hazardous chemical substances<br>✓ Ensure the safe use, handling and storage of these substances,<br>✓ This SDS must be available on site and communicated to employees exposed.<br>✓ Clean spillages immediately.<br>✓ Keep spill kit. |
|                                                                                     | ✓ Inhalation of fumes or vapours              | ✓ Respiratory irritation, dizziness, long-term health effects | ✓ Short or long-term respiratory issues                           | High     | ✓ Work in well-ventilated areas (open doors and windows)<br>✓ Avoid confined space painting unless assessed<br>✓ Use appropriate RPE (e.g., half-face respirator with organic vapors filters)                                                                                                                                                    |

|                                                         |                                                 |                                                       |                                                      |          |                                                                                                                                                                                                                                                    |
|---------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         | ✓ Skin contact                                  | ✓ Chemical burns, dermatitis, allergic reactions      | ✓ Skin damage or chronic<br>✓ Dermatitis             | Moderate | ✓ Follow instruction as per SDS provided for such chemical                                                                                                                                                                                         |
|                                                         | ✓ Eye contact                                   | ✓ Irritation, chemical burns, vision damage           | ✓ Moderate to severe eye injury                      | Moderate | ✓ Follow instruction as per SDS provided for such chemical                                                                                                                                                                                         |
|                                                         | ✓ Fire/explosion                                | ✓ Ignition from smoking or lighting next to chemicals | ✓ Fire,<br>✓ Explosion, injury,<br>✓ Property damage |          | ✓ No open flames near chemical areas                                                                                                                                                                                                               |
|                                                         | ✓ Poor labelling or identification              | ✓ Uninformed exposure or misuse                       | ✓ Increased risk of improper handling                | Moderate | ✓ All containers clearly labelled with hazard symbols<br>✓ Chemical inventory required                                                                                                                                                             |
| <b>Working on Heights (Work in fall risk positions)</b> | ✓ Fall from height                              | ✓ Injuries or fatalities                              | ✓ Broken bones, head injury, fatality                | Moderate | ✓ Designate a competent person to be responsible for the preparation of a fall protection plan.<br>✓ Ensure that the Fall protection plan is implemented,                                                                                          |
|                                                         | ✓ . Untrained persons                           | ✓ Incorrect setup or misuse                           | ✓ Fall, injury, or equipment damage                  | Moderate | ✓ Only trained and competent persons trained for working from height<br>✓ Appoint ladder inspector                                                                                                                                                 |
|                                                         | ✓ Objects falling from height                   | ✓ Injuries to persons working below                   | ✓ Head injury or lacerations                         | Moderate | ✓ Wear hard hats and post “work overhead” warning signs                                                                                                                                                                                            |
|                                                         | ✓ Employees not medically fit to work at height | ✓ Fear of height<br>✓ Falls                           | ✓ Injuries or fatalities                             | Moderate | ✓ Employees must undergo medical fitness through a OHP and be declared fit to carry out work at height<br>✓ Fall Protection Plan, Risk Assessment and Safe working Procedures must be communicated to all workers working in a fall risk position. |
|                                                         | ✓ Working at height – The use of a ladder       | ✓ Falls from height due to                            | ✓ Legal liability<br>✓ Injuries                      | High     | ✓ Work from a stable platform and ladder                                                                                                                                                                                                           |

|                                           |                                                                                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           |                                                                                                                                      | inadequate measures                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                 | <ul style="list-style-type: none"> <li>✓ Provide fall arrest equipment to prevent the person falling from the platform or ladder.</li> <li>✓ Appoint ladder inspector.</li> <li>✓ Inspect ladders before use.</li> <li>✓ Develop SOP for ladders.</li> <li>✓ Do not paint ladder so that damages can be visible.</li> </ul>                                                                                |
| <b>Supply and installation of ceiling</b> | ✓ Poor manual handling of boards                                                                                                     | ✓ Musculoskeletal injuries (e.g., back/shoulder strain)                                                                                                                                                                                                                                               | ✓ Bodily injuries                                                                                                                                                             | <b>Moderate</b> | ✓ Manual handling training                                                                                                                                                                                                                                                                                                                                                                                 |
|                                           | ✓ Falling ceiling boards or tools                                                                                                    | ✓ Head injury or cuts                                                                                                                                                                                                                                                                                 | ✓ Minor to serious injuries                                                                                                                                                   | <b>Moderate</b> | <ul style="list-style-type: none"> <li>✓ Wear hard hats and other appropriate PPE for the task at hand</li> <li>✓ Installation Safe Work Procedure or method statement required</li> </ul>                                                                                                                                                                                                                 |
|                                           | ✓ Dust from cutting boards                                                                                                           | ✓ Respiratory irritation or long-term illness                                                                                                                                                                                                                                                         | ✓ Adverse health risk                                                                                                                                                         | <b>Moderate</b> | <ul style="list-style-type: none"> <li>✓ Wear dust masks or respiratory protective equipment / (Filter Face Piece 2 or higher)</li> <li>✓ Cut boards in well-ventilated areas or outdoors</li> </ul>                                                                                                                                                                                                       |
|                                           | <ul style="list-style-type: none"> <li>✓ The use of drilling machine</li> <li>✓ Welding</li> <li>✓ The use of electricity</li> </ul> | <ul style="list-style-type: none"> <li>✓ Exposure to electricity</li> <li>✓ Damaged electrical cable</li> <li>✓ Inadequate isolation</li> <li>✓ Damaged drill and welding machine</li> <li>✓ The use of equipments in an unsafe manner</li> <li>✓ Welding sparks</li> <li>✓ Drill shavings</li> </ul> | <ul style="list-style-type: none"> <li>✓ Injuries or fatalities</li> <li>✓ Cuts</li> <li>✓ Shock,</li> <li>✓ Eye injuries</li> <li>✓ Burns, or</li> <li>✓ Fatality</li> </ul> | <b>High</b>     | <ul style="list-style-type: none"> <li>✓ Inspect areas before work and identify all electrical connections</li> <li>✓ Request isolation from a competent electrician</li> <li>✓ Appoint competent portable electrical tool inspector.</li> <li>✓ Inspect portable electrical tools.</li> <li>✓ Remove damaged electrical tools from site.</li> <li>✓ Develop SOP for portable electrical tools.</li> </ul> |

|                                                            |                                                 |                                                                                                                                          |                                                                    |                 |                                                                                                                                                                                |
|------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            | ✓ Sharp tools /blades used during cutting       | ✓ Incorrect use of tools<br>✓ Using the wrong tool for the task<br>✓ Inadequate PPE<br>✓ Employees that are not wearing the correct PPE. | ✓ Bodily injuries<br>Cuts & lacerations<br>✓                       | <b>Moderate</b> | ✓ Use the right tool for the job.<br>✓ Properly store away all sharp tools.<br>✓ Use only approved tools.<br>✓ Do not use homemade tools.<br>✓ Wear cut resistant hand gloves. |
|                                                            | ✓ Noise from power tools                        | ✓ Nuisance noise                                                                                                                         | ✓ Hearing damage                                                   | <b>Moderate</b> | ✓ Wear ear protection                                                                                                                                                          |
| <b>Tiling floor with non-slip tiles</b>                    | ✓ Manual handling of tiles, adhesive, and grout | ✓ Back strain, musculoskeletal injuries                                                                                                  | ✓ Bodily injuries                                                  | <b>Moderate</b> | ✓ Use correct lifting techniques<br>✓ Manual handling training                                                                                                                 |
|                                                            | ✓ Poor housekeeping                             | ✓ Tripping over tools or loose tiles                                                                                                     | ✓ Bodily injuries                                                  | <b>Moderate</b> | ✓ Practice good housekeeping at all the times                                                                                                                                  |
|                                                            | ✓ Cutting tiles (manual or powered tools)       | ✓ Cuts, lacerations, dust inhalation                                                                                                     | ✓ Minor to moderate injury or respiratory irritation               | <b>Moderate</b> | ✓ Use tile cutters with guards<br>✓ Wet-cutting methods where possible<br>✓ Wear dust masks, safety goggles, and gloves<br>✓ Use tools as per manufacturer's guidelines        |
|                                                            | ✓ Noise from power tools                        | ✓ Nuisance noise                                                                                                                         | ✓ Hearing damage                                                   | <b>Moderate</b> | ✓ Wear ear protection                                                                                                                                                          |
|                                                            |                                                 |                                                                                                                                          |                                                                    |                 |                                                                                                                                                                                |
| <b>Fabricate steel frame and mount steel diamond plate</b> | ✓ Hot work (welding, cutting, grinding)         | ✓ Burns, fire, eye damage, fume inhalation                                                                                               | ✓ Serious injury or long-term health issues                        | <b>High</b>     | ✓ Fire extinguisher on site<br>✓ Wear flame-resistant PPE and welding helmet                                                                                                   |
|                                                            | ✓ Manual handling of steel sections or plate    | ✓ Poor ergonomics<br>✓ Inadequate lifting technic                                                                                        | ✓ Bodily injuries<br>✓ Back strain,<br>✓ crush injuries,<br>✓ cuts | <b>Moderate</b> | ✓ Use mechanical aids where possible<br>✓ Manual handling training<br>✓ Introduce working in buddy systems                                                                     |
|                                                            | ✓ Lifting and positioning of frame              | ✓ Dropped load, crush injury, entrapment                                                                                                 | ✓ injury or fatality                                               | <b>High</b>     | ✓ Use appropriate lifting equipment (chain blocks, slings)<br>✓ Lifting plan and trained banksman                                                                              |

|                                        |                                                                 |                                              |                                    |                 |                                                                                                                     |
|----------------------------------------|-----------------------------------------------------------------|----------------------------------------------|------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------|
|                                        |                                                                 |                                              |                                    |                 | ✓ Inspect lifting gear before use                                                                                   |
|                                        | ✓ Cutting and grinding steel                                    | ✓ Lacerations, flying sparks, eye injury     | ✓ Bodily injuries                  | <b>High</b>     | ✓ Use guards and correct discs<br>✓ Wear safety goggles or face shields<br>✓ Only trained personnel to use grinders |
|                                        | ✓ Welding fume exposure                                         | ✓ Respiratory illness                        | ✓ Adverse Health effects           | <b>Moderate</b> | ✓ Welding in open or well-ventilated spaces                                                                         |
|                                        | ✓ Trips/slips on worksite (tools, steel offcuts, sparks)        | ✓ Falls, twisted ankles, injury              | ✓ injuries                         | <b>Moderate</b> | ✓ Maintain good housekeeping                                                                                        |
| <b>Supply and install wooden doors</b> | ✓ Inadequate fixing of frame or plate                           | ✓ Collapse, trip hazard, structural failure  | ✓ Injury, rework, equipment damage | <b>High</b>     | ✓ Use appropriate anchors/bolts<br>✓ Inspected and signed off by supervisor                                         |
|                                        | ✓ Incorrect installation (e.g., misaligned hinges, uneven door) | ✓ Door malfunction, injury risk, rework      | ✓ injury or project delay          | <b>Moderate</b> | ✓ Use correct fixings<br>✓ Level and plumb doors before fixing<br>✓ Supervisor inspection before handover           |
|                                        | ✓ Manual handling of doors                                      | ✓ Back strain, crush injury, finger trapping | ✓ Injures                          | <b>Moderate</b> | ✓ Manual handling training                                                                                          |
|                                        | ✓ Use of power tools                                            | ✓ Lacerations, electric shock, eye injuries  | ✓ Bodily injuries                  | <b>Moderate</b> | ✓ Use tools with guards and proper PPE<br>✓ Inspect tools before use                                                |
|                                        | ✓ Pinch points (hinges, closers, door edges)                    | ✓ Finger injuries or bruising                | ✓ Injuries                         | <b>Moderate</b> | ✓ Wear gloves when installing<br>✓ Keep hands clear during fixing/closing                                           |
|                                        | ✓ Dust from cutting or sanding wood                             | ✓ Respiratory irritation, eye irritation     | ✓ Adverse health effects           | <b>Moderate</b> | ✓ Wear full appropriate PPE and sand in well-ventilated areas                                                       |

## RISK ASSESSMENT MATRIX

| Likelihood                  | Consequences                                                                |                                                             |                                                                               |                                                                 |                                                                        |
|-----------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------|
|                             | Insignificant (minor problem easily handled by normal day to day processes) | Minor (Some disruption possible e.g. Damage equal to R150k) | Moderate (significant time / resources required. E.g., damage equal to R500k) | Major (Operations severely damaged. E.g., damages equal to R1m) | Catastrophic (business survival is at risk. Damage equal to R5m – 10m) |
| Almost certain (90% chance) | High (H)                                                                    | High (H)                                                    | Extreme (E)                                                                   | Extreme (E)                                                     | Extreme (E)                                                            |
| Likely (between 50-90%)     | Moderate (M)                                                                | High (H)                                                    | High (H)                                                                      | Extreme (E)                                                     | Extreme (E)                                                            |
| Moderate (between 10-50%)   | Low (L)                                                                     | Moderate (M)                                                | High (H)                                                                      | Extreme (E)                                                     | Extreme (E)                                                            |
| Unlikely (between 3-10%)    | Low (L)                                                                     | Low (L)                                                     | Moderate (M)                                                                  | High (H)                                                        | Extreme (E)                                                            |
| Rare (<3%)                  | Low (L)                                                                     | Low (L)                                                     | Moderate (M)                                                                  | High (H)                                                        | High (H)                                                               |



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## 1. SCOPE OF WORK

### Refurbishment of Analyser Building at Olifantsvlei WWTW

#### PURPOSE

The aim of the SHE specification is to ensure that any contractor which is appointed by Johannesburg Water to conduct any work complies with the SHE requirements of the SHE specification and any other legislative requirement applicable to the contract scope.

## 2. APPLICABILITY

This document is applicable to all contractors and suppliers conducting contractual activities for and on behalf of Johannesburg Water.

## 3. APPOINTMENTS

The contractor and its appointed sub-contractor must make the relevant legislative and non-statutory appointments, which must be maintained valid for the entire contract duration.

All appointees shall be suitably trained and found to be competent for the responsibilities there are assigned for.

Copies of all relevant appointments and the relevant competence certificates must be kept in the relevant SHE file.

Appoint:

1. Hand tool Inspector
2. Hazardous Chemicals Agent
3. Risk Assessor
4. Construction Supervisor
5. Portable Electrical Tool Inspector
6. Ladder Inspector
7. First Aider
8. Fire Fighting Equipment Inspector
9. Incident Investigators
10. Emergency coordinator

## 4.INSURANCE

The contractor and all its appointed sub-contractor(s) shall be registered with an appropriate compensation commissioner and have a valid letter of good standing from commissioner. The contractor is responsible for ensuring the Letter of Good Standing is valid for the entire duration of the project/contract. A copy of the letter of Good Standing must be kept in the SHE file.

|                                                                                                         |                  |                                                                       |         |               |
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## 5. COSTING FOR SHE REQUIREMENTS

The contractor is responsible for ensuring that SHE costing is taken into consideration for the entire project/contract as this will ensure they comply with the SHE legislative requirements

## 6. INDUCTION

An initial induction shall be done with key personnel to familiarize them with the requirements on site and for compiling the SHE file.

Once labourers are appointed JW will conduct an induction on SHE requirements, and the contractor is also required to conduct their company specific induction

## 7. SUBMISSION OF SAFETY FILE

- Once appointed the contractor can submit their safety file for approval.
- Approval will be granted when the critical items have been sufficiently addressed.

## 8. RISK ASSESSMENT

- Every Contractor who has been appointed contractually to conduct work for Johannesburg water shall do compile a baseline risk assessment prior to starting with work, subject to the approval of the Client.
- Thereafter the task based risk assessments will be done daily with every task being done.

## 9. SAFE WORKING PROCEDURES / METHOD STATEMENTS

The following method statements / safe working procedures must be compiled:

- Incident investigation, emergency plan, waste management plan, PPE procedure, hand tool procedure, hazardous chemical substance procedure.
- Method statement for the entire works

## 10. WORKING AT HEIGHTS (ladder)

- A competent person must compile a fall protection plan for all tasks which will be done at elevated position.
- The requirements as per the Construction regulations for working at heights shall be complied with by the contractor at all times.
- The fall protection plan shall be specific to the work that will be conducted at elevated position and proper provision must be made for rescue of employees at heights.
- Fall protection plan must include fall risk assessment detailing proper controls to be implemented.
- All employees who their duties entail working at heights must be declared medically fit by an Occupational Health Practitioner for working at heights.



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- Employees who will be working at heights must be trained by a competent service provider for working at heights and must be trained on use of fall prevention/arrest devices to be used at heights.
- Employees working at height must be trained on the latest approved fall protection plan before work commences at height.

### **11. HAZARDOUS CHEMICAL AGENTS (paint)**

The employer must control the chemical exposure of an employee by -

- limiting the amount of an HCA used, which may contaminate the working environment;
- limiting the number of employees who will be exposed or may be exposed;
- limiting the period during which an employee will be exposed or may be exposed;
- using a substitute for an HCA;
- introducing engineering control measures for the control of exposure, which may include –
  - process separation, automation or enclosure.
  - the installation of local extraction ventilation systems to processes, equipment and tools for the control of emissions of an airborne HCA;
  - use of wet methods; and
  - separate workplaces for different processes; and

Introducing appropriate work procedures which an employee must follow where materials are used or processes are carried out which could give rise to exposure of an employee, and which procedures must include written instructions to ensure –

- that an HCA is safely handled, used and disposed of;
- that process machinery, installations, equipment, tools and
- local extraction and general ventilation systems are safely
- used and maintained;
- that machinery and work areas are kept clean; and
- that early corrective action may be readily identified.

### **12. HOT WORKS PRECAUTIONARY MEASURES (welding)**

- Care to be taken when using and storing materials used for ignition purposes, i.e. matches, lighters.
- Hot-work equipment is in good repair and adequately secured. Gas welding and cutting equipment carries a "Hot Work Checklist" (see Appendix 2).
- All combustible material of a portable nature shall be removed from the site of operations and floors swept clean of combustible materials. Flammable substances such as paints and adhesives must be removed from the Hot Work area.



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- All combustible material remaining in the vicinity shall be either a) thoroughly drenched with water or b) cover with damp sand or c) covered with non-combustible sheets – whichever is suitable.
- Combustible floors, walls, ceilings protected by wetting down and covering with damp sand or covered or screened by sheets of non-combustible material – whichever is suitable.
- Where work is above floor level, non-combustible curtains or sheets suspended beneath the work to collect sparks.
- All gaps in walls and floors through which sparks could pass covered with sheets of non-combustible materials.
- Means for fire extinguishing must be in close proximity to the “Hot Work” operation. If a fire point is not in the immediate vicinity, then portable fire extinguishing equipment must be available at the site of operations.
- Ensure that the correct Personal Protective Equipment is worn in relation to the task being carried out.
- Smoke/heat detectors that could be affected by the “Hot Work” operation must either be a) isolated by Electricians or b) “Bagged off”.

### 13. MEDICAL SCREENING REQUIREMENTS

- The contractor shall ensure that a medical surveillance programme is implemented for all employees.
- The medical examination shall be conducted in line with the employee job profile/job description.
- A valid medical fitness certificate must be submitted together with the SHE File for approval for all employees who will be doing work for Johannesburg Water.
- Any employee(s) who are declared conditionally fit must be provided with employment which does not aggravate their medical condition as to endanger themselves or other employees.
- The following tests shall be done:
  - Audiograms.
  - A cardio-respiratory examination
  - Lung function tests.
  - Eye/ sight tests.
  - A general physical examination.
  - A review of previous medical history.
  - Blood pressure tests
  - Glucose tests
  - Vaccinations (Hepatitis A & Typhoid)



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#### **14. HAZARDOUS BIOLOGICAL AGENTS (working in unhygienic areas, exposure to sewer)**

Employers shall ensure that any employee at risk of being exposed or exposing others to HBA is comprehensively informed and trained, on both practical aspects and theoretical knowledge with regard to –

- the contents and scope of HBA regulation;
- the potential risks to health caused by the exposure;
- the measures to be taken by the employer to protect an employee against any risk of being exposed;
- the importance of good housekeeping at the workplace and personal hygiene requirements;
- the precautions to be taken by an employee to protect him- or herself against the health associated with the exposure, including the wearing and use of protective clothing and respiratory protective equipment;
- the necessity, correct use, maintenance and potential of safety equipment,
- facilities and engineering control measures provided;
- the necessity of medical surveillance;
- the safety working procedures regarding the use, handling, labelling, and disposal of HBA at the workplace;
- the procedures to be followed in the event of exposure, spillage, leakage, injury or any similar emergency situation, and decontaminating or disinfecting contaminated areas.

#### **15. TOOLBOX TALKS**

- The contractor shall ensure they conduct toolbox talks with their employees on a weekly basis and records of these must be kept in the SHE file.
- The objective of toolbox talks should be to communicate relevant site information to assist in improvement of occupational health and safety performance.
- Employees must acknowledge the receipt of toolbox talks and this record must also be kept in the SHE file.

#### **14. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- Contractor must issue their employees SABS approved PPE. A copy of the PPE issue register signed by the employee issued with the PPE must be kept in the SHE file.
- Contractor supervisor are required to conduct continuous inspections of the PPE issued to their employees to ensure that they are still in good condition to be used by the employee or they still comply with manufacture requirements.



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- The contractor is responsible for ensuring that employees are trained on the safe use of the PPE issued to them, how to maintain it and the limitations of the PPE.
- NO SHORTS OR DRESSES WILL BE ALLOWED ON SITE

#### **15. WORKPLACE SIGNAGE**

- Appropriate symbolic signage must be displayed where it is required by legislation.
- Appropriate warning, mandatory and information signs must be placed where required.
- All signs must comply to SANS/SABS requirements.
- Contractors shall use mandatory and prescribed symbolic safety signs at their lay down and site areas.

#### **16. INCIDENT REPORTING AND INVESTIGATION**

- All incidents shall be reported to the Client before the end of the shift or within 24hrs of occurrence.
- Section 24 incidents shall be reported to DOL using the prescribed format.
- The contractor shall develop an incident management procedure and communicate with all employees.

#### **17. NOTIFICATION OF CONSTRUCTION WORK**

- The contractor shall notify the DOL in the prescribed format of the intended work prior to work.

#### **18. COMPLIANCE MONITORING**

- Weekly inspections and monthly audits will be conducted on site.

#### **19. PROJECT COMPLETION**

- Upon completion of the project the SHE file shall be returned to the Client for retention and close out.



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### Project details

**Project Scope: Refurbishment of Analyser Building**

**Depot / Site / Department: Olifantsvlei WWTW**

**Estimated duration: TBC**

### Documents required

|                                   |     |                                     |    |                          |     |                          |
|-----------------------------------|-----|-------------------------------------|----|--------------------------|-----|--------------------------|
| Letter of Good Standing           | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| SHE plan                          | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Risk Assessment                   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Safe working Procedures           | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Notification of Construction work | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Inspection registers              | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

### Items required before starting

|                                 |     |                                     |    |                                     |     |                          |
|---------------------------------|-----|-------------------------------------|----|-------------------------------------|-----|--------------------------|
| Medicals                        | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | N/A | <input type="checkbox"/> |
| Vaccinations                    | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| PPE (boots, hard hats, overall) | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | N/A | <input type="checkbox"/> |
| Induction                       | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | N/A | <input type="checkbox"/> |
| Approval from OHS               | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | N/A | <input type="checkbox"/> |

### APPOINTMENTS AND COMPETENCIES

#### Construction Supervisor

|                                     |     |                                     |    |                          |     |                          |
|-------------------------------------|-----|-------------------------------------|----|--------------------------|-----|--------------------------|
| Appointment                         | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| CV (and/ certificates)<br>(plumber) | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

#### Safety Officer

|                        |     |                          |    |                                     |     |                          |
|------------------------|-----|--------------------------|----|-------------------------------------|-----|--------------------------|
| Appointment            | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| CV (and/ certificates) | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |

**NB\* Other appointments will be based on the number of employees on site as required by law.**



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## RETURNABLE ANNEXURE A: ACKNOWLEDGEMENT OF SHE SPECIFICATION & ANNEXURES

CONTRACTOR:

I, the undersigned, hereby acknowledge that I have obtained copies of the following listed documentation and confirm that I fully understand the contents thereof and the consequences of non-compliance. The Contractor furthermore reiterates its commitment to compliance of the requirements contained within the following provided documentation:

- Johannesburg Water SOC Ltd, Safety, Health & Environmental (SHE) Specification, Annexure 1: Baseline risk assessment conducted for or on behalf of Johannesburg Water SOC Ltd;

Signed at ..... on this ..... Day of ..... 20.....

| CONTRACT MANAGER    |             |      |           |
|---------------------|-------------|------|-----------|
| NAME                | DESIGNATION | DATE | SIGNATURE |
| CONTRACT SUPERVISOR |             |      |           |
| NAME                | DESIGNATION | DATE | SIGNATURE |
| WITNESS (1)         |             |      |           |
| NAME                | DESIGNATION | DATE | SIGNATURE |
| WITNESS (2)         |             |      |           |
| NAME                | DESIGNATION | DATE | SIGNATURE |

## **Guide: How to submit a response on the E-tender Portal**

- Submit on E tender portal, following the below:
  1. (<https://www.etenders.gov.za/>)
  2. Search/Click Browse Opportunities by organ of state (Johannesburg Water)/search by RFQ reference number .
  3. Click the + **sign** to expand the tender/ RFQ information.
  4. start the e submission process.
  5. Supplier login
  6. Use your CSD Credentials to Login. Contact CSD on ([csd@treasury.gov.za](mailto:csd@treasury.gov.za)) in case you forgot your login credentials. "My profile should show if you have logged in successfully".
  7. select supplier.
  8. check the submission checklist and attached the compulsory documents.
  9. confirm and proceed .

### **If the application is not going through on the E-tender portal Contact:**

eTenders Contact Centre

+27(0)12 406 9222 / 012 406-9229 / 012 312-5000

[etenders@treasury.gov.za](mailto:etenders@treasury.gov.za)

<https://etenders.treasury.gov.za>

# POPIA PRIVACY STATEMENT

Johannesburg Water SOC Limited

In terms of the Protection of Personal Information Act, 213 (Act 4 of 2013), also called the POPI Act or POPIA, Johannesburg Water SOC Limited, undertakes all reasonable measures to protect personal information and to keep it private and confidential.

## **1. Privacy Notice applies to:**

Suppliers, vendors, contractors, service providers, etc whether appointed or prospective.

## **2. Definitions of personal information**

According to the Act “personal information” means information relating to an identifiable living, natural person, and where it is applicable, an identifiable, existing juristic person. All addresses including residential, postal and email addresses.

## **3. About the Public Entity**

Johannesburg Water (SOC) Limited, registration number 2000/029271/30

### **3.1 The information we collect**

We collect information directly from you where you provide us with your personal details. Where possible, we will inform you what information you are required to provide to us and what information is optional.

### **3.2 How Johannesburg Water use your information**

We will use your personal information only for the purposes for which it was collected and agreed with you. For example: to gather contact information, to confirm and verify your identity, for the evaluation and adjudication of bids and quotations for tenders, request for quotations, and other personal information for the procurement of goods and services by the Entity.

### **3.3 Disclosure of information**

We may disclose your personal information to our Shareholder, the City of Johannesburg, and other Government agencies such as National Treasury, and the Auditor-General of South Africa. We have agreements in place to ensure that they comply with the privacy requirements as required by the Protection of Personal Information Act.

We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law;
- Where we believe it is necessary to protect our rights.

### **3.4 Information Security**

We are legally obliged to provide adequate protection for the personal information we hold and to stop unauthorised access and use of personal information. We will, on an ongoing basis, continue to review our security

# POPIA PRIVACY STATEMENT

Johannesburg Water SOC Limited

controls and related processes to ensure that your personal information remains secure.

When we contract with third parties, we impose appropriate security, privacy and confidentiality obligations on them to ensure that personal information that we remain responsible for, is kept secure. We will ensure that anyone whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.

## **3.5 Your rights: Access to Information**

You have the right to request a copy of the personal information we hold about you. To do this, simply contact us at [informationofficer@jwater.co.za](mailto:informationofficer@jwater.co.za), and specify what information you require.

## **3.6 Correction of your personal information**

You have the right to ask us to update, correct or delete your personal information. We will require a copy of your identification document to confirm your identity before making changes to personal information we may hold about you. We would appreciate it if you would keep your personal information accurate and up to date.

## **3.7 How to contact us**

If you have any queries about this document; you need further information about our privacy practices; wish to withdraw consent; exercise preferences or access or correct your personal information, please contact us at the numbers listed on our website or send an email to [informationofficer@jwater.co.za](mailto:informationofficer@jwater.co.za).



a world class African city



City of Johannesburg

Johannesburg Water SOC Ltd

Turbine Hall  
65 Ntengi Piliso Street  
Newtown  
Johannesburg

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**PLEASE SUPPLY THE FOLLOWING DOCUMENTS TO ENABLE US TO EVALUATE YOUR SUBMISSION :**

| Returnable Documents | Description                                                                                                                                                                                                    | Yes/No |                   |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------|
| 1                    | Original Valid Tax Clearance Certificate /valid SARS PIN                                                                                                                                                       |        | <b>COMPULSORY</b> |
| 2                    | A, certified /original/valid, BBEE certificate /sworn affidavit (Please note that the Sworn Affidavit must be compliant as per B-BBEE Practice Guide 01 of 2018 , NON COMPLIANT AFFIDAVIT WILL BE SCORED ZERO) |        | <b>COMPULSORY</b> |
| 3                    | Municipal rates and taxes (Must not be older than 90 days in arrears in line with regulation 38.                                                                                                               |        | <b>COMPULSORY</b> |
| 4                    | Signed Declaration of Interest form (MBD 4)                                                                                                                                                                    |        | <b>COMPULSORY</b> |
| 5                    | Declaration of Bidders past supply chain management practices (MBD 8)                                                                                                                                          |        | <b>COMPULSORY</b> |
| 6                    | Certificate of Independent Proposal Determination (MBD 9)                                                                                                                                                      |        | <b>COMPULSORY</b> |
| 7                    | Proof of CSD registration /MAAA Supplier Number                                                                                                                                                                |        | <b>COMPULSORY</b> |
| 8                    | Preference points claim form in terms of the preferential procurement regulations 2022 (MBD 6.1)                                                                                                               |        | <b>COMPULSORY</b> |
| 9                    | Company registration documents with ID copies of directors / shareholders.                                                                                                                                     |        | <b>COMPULSORY</b> |

**Directors:**

Ms Gugulethu Phakathi (Chairperson), Mr Ntshavheni Mukwevho (Managing Director and Executive Director),  
Mr Johan Koekemoer (Financial Director and Executive Director), Mr Phetole Modika, Mr Siphamandla Mnyani, Mr Siyabonga Mthembu,  
Mrs Zandile Meeleso, Mr Pholoso Matjele, Mr Kgaile Mogoye, Mr Sandiso Mgengwana, Mr Molate Mashifane, Ms Pamela Mabece,  
Mr Lunga Bernard

Ms Kethabile Mabe (Company Secretary),

Johannesburg Water SOC Ltd

Registration Number: 2000/029271/30

## MBD 4

## DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state<sup>1</sup>.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.

**3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

3.1 Full Name of bidder or his or her representative:.....

3.2 Identity Number: .....

3.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):.....

3.4 Company Registration Number: .....

3.5 Tax Reference Number:.....

3.6 VAT Registration Number: .....

3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state? **YES / NO**

3.8.1 If yes, furnish particulars. ....

.....

<sup>1</sup>MSCM Regulations: "in the service of the state" means to be –

(a) a member of –

- (i) any municipal council;
- (ii) any provincial legislature; or
- (iii) the national Assembly or the national Council of provinces;

(b) a member of the board of directors of any municipal entity;

(c) an official of any municipality or municipal entity;

(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) an employee of Parliament or a provincial legislature.

<sup>2</sup> Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.9 Have you been in the service of the state for the past twelve months? .....YES / NO

3.9.1 If yes, furnish particulars.....

.....

3.10 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid? .....YES / NO

3.10.1 If yes, furnish particulars.

.....

.....

3.11 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? YES / NO

3.11.1 If yes, furnish particulars

.....

.....

3.12 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? YES / NO

3.12.1 If yes, furnish particulars.

.....

.....

3.13 Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders in service of the state? YES / NO

3.13.1 If yes, furnish particulars.

.....

.....

3.14 Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract. YES / NO

3.14.1 If yes, furnish particulars:

.....

.....

4. Full details of directors / trustees / members / shareholders.

| Full Name | Identity Number | State Employee Number |
|-----------|-----------------|-----------------------|
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |

.....  
**Signature**

.....  
**Date**

.....  
**Capacity**

.....  
**Name of Bidder**

## PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

### 1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 **To be completed by the organ of state**

a) The applicable preference point system for this tender is the 80/20 preference point system.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4 **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

|                                                  | POINTS     |
|--------------------------------------------------|------------|
| PRICE                                            | 80         |
| SPECIFIC GOALS                                   | 20         |
| <b>Total points for Price and SPECIFIC GOALS</b> | <b>100</b> |

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

### 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;

- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

### 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

#### 3.1. POINTS AWARDED FOR PRICE

##### 3.1.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

**80/20**

$$Ps = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)$$

Where

- Ps = Points scored for price of tender under consideration
- Pt = Price of tender under consideration
- Pmin = Price of lowest acceptable tender

##### 3.1.1. POINTS AWARDED FOR PRICE

A maximum of 80 points is allocated for price on the following basis:

**80/20**

$$Ps = 80 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right) \text{ o}$$

Where

- Ps = Points scored for price of tender under consideration
- Pt = Price of tender under consideration
- Pmax = Price of highest acceptable tender

### 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

***Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)***

| The specific goals allocated points in terms of this tender                   | Number of points allocated (80/20 system) | Number of points claimed (80/20 system) | Proof of documents per specific goals                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Businesses located in region within COJ. COJ municipality or Gauteng province | 20                                        |                                         | Valid BBBEE Certificate issued by SANAS accredited verification agency or DTI/CIPC BBBEE Certificate for Exempted Micro Enterprises or Affidavit sworn under oath, and<br><br>Proof of municipal account / valid lease agreement, letter from the Ward Council confirming the business address. |

#### **DECLARATION WITH REGARD TO COMPANY/FIRM**

4.2. Name of company/firm.....

4.3. Company registration number: .....

4.4. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

- 4.5. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:
- i) The information furnished is true and correct;
  - ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
  - iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
  - iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
    - (a) disqualify the person from the tendering process;
    - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
    - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
    - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
    - (e) forward the matter for criminal prosecution, if deemed necessary.

|                                    |       |
|------------------------------------|-------|
| .....                              |       |
| <b>SIGNATURE(S) OF TENDERER(S)</b> |       |
| <b>SURNAME AND NAME:</b>           | ..... |
| <b>DATE:</b>                       | ..... |
| <b>ADDRESS:</b>                    | ..... |
|                                    | ..... |
|                                    | ..... |
|                                    | ..... |

## DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be rejected if that bidder, or any of its directors have:
  - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
  - b. been convicted for fraud or corruption during the past five years;
  - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
  - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

| Item  | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                             | No                             |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 4.1   | <p>Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p><b>The Database of Restricted Suppliers now resides on the National Treasury's website(<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) and can be accessed by clicking on its link at the bottom of the home page.</b></p> | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.1.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                |
| 4.2   | <p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p><b>The Register for Tender Defaulters can be accessed on the National Treasury's website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) by clicking on its link at the bottom of the home page.</b></p>                                                                                                                                                                                                                                                                           | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.2.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                |
| 4.3   | Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

|             |                                                                                                                                                                                                                                        |                                 |                                |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 4.3.1       | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |
| <b>Item</b> | <b>Question</b>                                                                                                                                                                                                                        | <b>Yes</b>                      | <b>No</b>                      |
| 4.4         | Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.4.1       | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |
| 4.5         | Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?                         | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.7.1       | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |

### CERTIFICATION

**I, THE UNDERSIGNED (FULL NAME) .....  
CERTIFY THAT THE INFORMATION FURNISHED ON THIS  
DECLARATION FORM TRUE AND CORRECT.**

**I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT,  
ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION  
PROVE TO BE FALSE.**

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of Bidder**

## **CERTIFICATE OF INDEPENDENT BID DETERMINATION**

- 1 This Municipal Bidding Document (MBD) must form part of all bids<sup>1</sup> invited.
  
- 2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
  
- 3 Municipal Supply Regulation 38 (1) prescribes that a supply chain management policy must provide measures for the combating of abuse of the supply chain management system, and must enable the accounting officer, among others, to:
  - a. take all reasonable steps to prevent such abuse;
  - b. reject the bid of any bidder if that bidder or any of its directors has abused the supply chain management system of the municipality or municipal entity or has committed any improper conduct in relation to such system; and
  - c. cancel a contract awarded to a person if the person committed any corrupt or fraudulent act during the bidding process or the execution of the contract.
  
- 4 This MBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
  
- 5 In order to give effect to the above, the attached Certificate of Bid Determination (MBD 9) must be completed and submitted with the bid:

<sup>1</sup> Includes price quotations, advertised competitive bids, limited bids and proposals.

<sup>2</sup> Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

**CERTIFICATE OF INDEPENDENT BID DETERMINATION**

I, the undersigned, in submitting the accompanying bid:

---

(Bid Number and Description)

in response to the invitation for the bid made by:

---

(Name of Municipality / Municipal Entity)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: \_\_\_\_\_ that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign, the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
  - (a) has been requested to submit a bid in response to this bid invitation;
  - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
  - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder

6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium<sup>3</sup> will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
  - (a) prices;
  - (b) geographical area where product or service will be rendered (market allocation)
  - (c) methods, factors or formulas used to calculate prices;
  - (d) the intention or decision to submit or not to submit, a bid;
  - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
  - (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

<sup>3</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder

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