1. **Construction work**

| **Ref.** | **KPIs** | **Submission** | **Actual score** | **Comments** |
| --- | --- | --- | --- | --- |
| **Y = Yes**  **N= No**  **N/A = Not applicable** |
| 1 | Is the acknowledgement of **Eskom's SHE rules** and requirements form **(Annexure B)** signed and submitted by the tenderer? |  |  |  |
| 2 | **OHS plan** (Applicable to high risk work only)  Occupational, Health and Safety Plan (OHS Plan)  This must be relevant to the Scope of work, addressing the Eskom Health and Safety. Specification. To be signed off (approved) by the Owner / CEO / MDManagement commitment and visible felt leadership |  |  |  |
| 3 | OH&S Organogram (Starting at CEO through to workers – including names and appointment reference) |  |  |  |
| 4 | **Baseline Risk Assessment to be in line with the Scope of Work** (including Driving). This must be approved by Owner/CEO/MD and it must have a review date. |  |  |  |
| 5 | **Valid Letter of Good Standing or equivalent, i.e. COID, RMA or FEMA,  (Nature of Business to be applicable)**  The letter of good standing must state the relevant services rendered by the company, e.g. Electrical related construction work in line with the Scope of Work applicable for this tender.  This must be **valid at the date of tender submission**. |  |  |  |
| 6 | **Health and Safety Policy signed by the Owner / CEO or MD,** |  |  |  |
| 7 | SHE Competency; proof of the following training certificates and accepted  appointment letters for each of the following;   Health and Safety Representative,   First aid level 2,   Fire fighters,   Risk Assessor   Safety Officer (SACPCMP) Ref:32-136, 32-726   Fall protection planner/developer   Fall rescuer (Competency Certificate).   Incident investigator,   Covid-19 Manager 16:5 –(Appointment only |  |  |  |
| 8 | COVID-19 requirements  Contractors to adhere to  (a) REGULATIONS ISSUED IN TERMS OF SECTION 27(2) OF THE DISASTER  MANAGEMENT ACT, 2002  (b) Disaster Management Act (57/2002): Covid-19 Occupational Health and Safety  Measures in Workplaces Covid-19(C19 OHS), 2020 |  |  |  |
| 9 | Induction to be conducted prior to work commencing |  |  |  |
| 10 | Medical Fitness Certificate for all appointed persons in point 7 – Occupational  Health Practitioner (ONLY) |  |  |  |
| 11 | Fall Protection Plan |  |  |  |
| 12 | Substance Abuse Procedure |  |  |  |
| 13 | Costing for SHE (to include COVID-19) |  |  |  |
|  | **TOTAL** |  |  | **Approved/ Not Approved** |

**Score:**

**0 = Document not submitted OR submitted but does not satisfy the minimum requirements**

**1 = Document submitted and the content satisfy the minimum requirements**

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

1. **Other requirements**

**Score:**

**0 = Document not submitted OR submitted but does not satisfy the minimum requirements**

**1 = Document submitted and the content satisfy the minimum SHE requirements**

**Development Team**

* Diane Maunatlala