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| **SHE RETURNABLES ASSESSMENT RESULTS** | | | | **TOTAL SCORE** | **%** |
| **COMPANY NAME** | |  | | | |
| **SCOPE OF WORK** | |  | | | |
| **ASSESSOR NAME** | |  | | **ASSESSMENT DATE** |  |
| **ASSESSOR SIGNATURE** | |  | | | |
| **#** | **Assessment Criteria** | **Assessment Items** | **Total Weight %** | **Submission :**  **Yes** = Y  No = N  **Not Applicable** =N/A | **Score:**  1-In place  0-Not in place |
| **1** | **SHE Costing (Detailed as per SOW)** | Detailed costing for health and safety based on the overall scope of work/service to be performed | **10 %** |  |  |
| **2** | **Letter of Good Standing with COID Act (Valid)** | Is the bidder registered with the Compensation Commissioner (COID) or Licensed mutual company or an equivalent thereof | **15 %** |  |  |
| **3** | **Safety Management Plan/OHS** | A site specific safety, health and environment(SHE) plan approved by Management as per SOW | **20 %** |  |  |
| **4** | **Risk Management (BRA Assessment)** | Baseline risk assessment(s) as per current scope of work (SOW) and approved by Management (Are control measures selected according to the hierarchy of controls (elimination, substitution, engineering, administration, PPE)? | **20 %** |  |  |
| **5** | **SHE Competency** | Consider scope of work ,risks ,SHE Plan and applicability ,CV's and qualifications /certificates e.g. first aiders ,safety officer ,SHE Representatives ,HCS controller ,Incident investigator etc | **10 %** |  |  |
| **6** | **SHE/Q Policy** | Copy of the company's SHE/Q policy | **15 %** |  |  |
| **7** | **Acknowledgement form (completed and signed) for Eskom rules and requirements** | A signed copy of the acknowledgement form for Eskom rules and requirements | **10 %** |  |  |
| **Assessor Feedback** | | |  | **Approved /Not Approved** | |
| **FINDINGS** | |  | | | |
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| **RECOMMENDATIONS** | |  | | | |
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