



# 4

## NEC Term Services Short Contract

### PART 4 – SAFETY REQUIREMENTS

The provision of Substation Building Maintenance Services and Tower Foundation repairs on an as and when required basis in Newcastle Zone in the KwaZulu Natal Operating Unit, Bethlehem Zone and Bloemfontein Zone in the Free State in the Central East Cluster for a period of 36 months for BBBEE compliant EME,QSE and LME Level 1 and 2 Contractors

**ENQUIRY NUMBER : KZN056**

**TENDERER NAME :** \_\_\_\_\_

**TENDER CLOSING : 13 DECEMBER 2022 AT 10H00  
DATE**

**Safety:**

<b>Item</b>	<b>Description</b>
1.	<b>Annexure B</b> Is the acknowledgement of Eskom's OHS rules and requirements form (Annexure B) signed by the Owner / CEO / MD and 2 witnesses?
2.	<b>OH&amp;S Organogram</b>
3.	<b>Occupational, Health and Safety Plan (OHS Plan)</b> This must be relevant to the Scope of work, addressing the Eskom Health and Safety Specification.
4.	<b>Baseline Risk Assessment to be in line with the Scope of Work</b> (include Driving)
5.	<b>Valid Letter of Good Standing or equivalent, i.e. COID, RMA or FEMA, (Nature of Business to be applicable)</b> The letter of good standing must state the relevant services rendered by the company, e.g. Electrical related General Building work in line with the Scope of Work
6.	<b>Health and Safety Policy signed by the Owner / CEO or MD</b>
7.	<b>SHE Competency; proof of the following training certificates and appointment letters for each of the following;</b> <ul style="list-style-type: none"><li>• Health and Safety Representative,</li><li>• First aid level 2,</li><li>• Fire fighters,</li><li>• Risk Assessor</li><li>• Safety Officer (SACPCMP) Ref:32-136, 32-726</li><li>• Fall protection planner/developer</li><li>• Fall rescuer</li><li>• Incident investigator</li></ul>
8.	<b>Medical Fitness Certificate</b> Certificates for the individuals listed for the above competencies. These may be completed by the Occupational Health Practitioner (ONLY)
9.	<b>Fall Protection Plan</b>
10.	<b>Substance Abuse Procedure</b>

# 1. Annexure B

Is the acknowledgement of Eskom's OHS rules and requirements form (Annexure B) signed by the Owner / CEO / MD and 2 witnesses?

	<b>Annexure B: Eskom Acknowledgement Form for OHS legal and other requirements</b>	Template Identifier	240-43921804	Rev	5
		Document Identifier	240-77471499	Rev	3
		Effective Date	May 2021		

## Annexure B: Acknowledgement Form for Eskom OHS legal and other requirements

**NOTE: the supplier/contractor/tenderer has to ensure that he/she understands the OHS requirements listed hereunder.**

<p>1. The <b>supplier/contractor/tenderer</b> is expected to comply to the following documents when working at/rendering a service to Eskom but not limited to the following:</p> <ul style="list-style-type: none"> <li>a. Eskom contractor Health and Safety requirements standards 32-136</li> <li>b. OHS specification/requirements provided</li> <li>c. Occupational Health and Safety Act 85 of 1993</li> <li>d. Compensation for Occupational Diseases and Illnesses Act 130 of 1993</li> </ul> <p><b>Note: Please note that after contract award, it is your responsibility to fully align the company's processes to Eskom's OHS requirements (policies, procedures, standards etc).</b></p>
<p>2. Penalties shall be enforced on the main supplier for non-conformance/s (identified for the main supplier and/or its contractor and/or supplier) pertaining to Eskom and/or Statutory OHS requirement/s.</p>
<p>4. Ensure that all employees (contractors/suppliers) undergo the relevant Eskom induction and the company's</p>
<p>5. Management of Contractors/ Suppliers</p> <p>The main contractor/supplier:</p> <ul style="list-style-type: none"> <li>a) Has to demonstrate to Eskom the process and selection criteria applied when appointing contractors and suppliers.</li> <li>b) Has to provide notification to Eskom, prior to the appointment of contractors or suppliers for the commencement of work.</li> <li>c) Has to ensure that contractors/ suppliers have adequate resources and competencies.</li> <li>d) Is accountable for the management of its contractors/ suppliers in order to ensure that the applicable legal and Eskom requirements (that are applicable to the main supplier during contract execution) are complied with by the contractors or suppliers.</li> <li>e) The main supplier shall monitor contractors or suppliers through audits and assessments with regard to OHS compliance during the execution of the work.</li> <li>f) The grounds for the termination of work done by contractors/suppliers shall be provided by the main supplier.</li> <li>g) All non-conformances/non-compliance by the contractors/suppliers (all tiers) to the main supplier shall be dealt with directly with the main contractor/supplier in terms of performance and penalty processes.</li> <li>h) Eskom reserves the right to verify this when deemed necessary. The contractor may be instructed to provide copies of testimonials/references and the contact detail of clients (including Eskom) for whom the Company has done previous work of a similar nature</li> </ul>
<p><b>I, the undersigned, hereby acknowledge that I have obtained copies of the above documents and confirm that I fully understand them and the consequences of non-compliance.</b></p>

Signed at ..... on ..... day of ..... 20.....

Company/Supplier Name: .....

.....

Name of Authorised person (CEO/Director/ Managing Director)

.....

Signature

.....

Date

Witness 1 .....

Witness 2 .....

## **2. Attach your OHS Organogram here**

**3. Attach your Occupational,  
Health and Safety Plan (OHS Plan)  
here**

## **4. Attach your Baseline Risk Assessment here**

**5. Attach your Valid Letter of  
Good Standing or equivalent  
i.e. COLD, RMA or FEMA**

Please note that the letter of good standing must state  
the relevant services rendered by the company



## **6. Attach your Health and Safety Policy signed by the CEO or MD**

**7. Attach proof of SHE Competency Certificates and Applicable Appointments here:**

## **8. Medical Fitness Certificate - Issued by Occupational Health Practitioner (ONLY)**

## **9. Fall arrest Plan**

# **10. Substance Abuse Procedure**