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| I, (***Name & Surname of the appointer)***  the Choose an item. for (***Site name***) hereby appoint you ***(Add Appointee Name & Surname)*** being the Contractor’s Representative for **Add** **full company Name** as **Principal Contractor**  for ***(Scope of work)*** compliant to Construction Regulations 2014, Regulation 5(1)(k); to perform the following duties as prescribed by Construction Regulations 2014, Regulation 7(1) ; . |
| **Designated Functional Responsibilities and Authority** |
| In particular you are required amongst others ; to ensure that –   * provide and demonstrate to the client sufficient documented Health and Safety Plan based on clients documented health and safety specification contemplated in regulation 5(1)b of CR 2014 * open and keep on site a health and safety file, which must include all documentation required in terms of the Act, which must be available on request to an inspector; the client, the client agent or a contractor; * on appointing of any other contractor and ensure compliance with the provision of the Act as contemplated on regulation 7(1)c; * ensure health and safety plan contemplated in paragraph (a) as well as contractors health and safety plan is available on request to an employee, inspector, a contractor ; the client or client’s agent * hand over a consolidated health and safety file to the client upon completion of the construction work; * stop any contractor from performing a construction activity which poses a threat to the health and safety of persons and which is not in accordance with the client’s health and safety specifications and the Contractor’s Health and Safety Plan for the site.   You are required to report any deviations from the above-mentioned instructions to me**.**  You shall submit a written weekly report on all shortfalls that have not been met in terms of these regulations.  This appointment is effective from ***(Add Start Date Here)*** until withdrawn by the Responsible Person.  ………………………………………. ……………………………………… |
| Choose an item.**Signature Date** |
| **Acceptance of Designation**  I, ***(Add Appointee Name Here)******(Add Unique Number Here)***, hereby acknowledge and accept the above-mentioned appointment and declare that I am conversant with the relevant provisions of the Occupational Health and Safety Act No. 85 of 1993. |
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| **Principal Contractor 5(1)(k) Date** |