1. **Tenderer’s / Supplier’s name: ………………………………………………. Tender Ref number: ………………………………….**

**Scope of work: ………………………………………………………………………………………………………………………**

| **Ref.** | **OHS Tender Returnable** | **Submission** | **Comments** |
| --- | --- | --- | --- |
| **Y = Yes**  **N= No**  **N/A = Not applicable** |
| 1 | **Annexure B**  Is the acknowledgement of **Eskom's OHS** legaland other requirements form signed and submitted by the tenderer? |  |  |
| 2 | **Health and Safety Plan/ OHS manual** (must address the project /scope of work OHS risk(s) and aligned with the health and safety specification or requirements) |  |  |
| 3 | **Costing for Health and Safety management**  Has the tenderer submitted detailed costing for OHS (the cost should be broken down not provided as a lump sum).   * The costing must be based on the overall scope of work/service to be performed; * The scope of work and the risk assessment may serve as a guideline. |  |  |
| 4 | **Baseline OHS Risk Assessment (BRA)**  Identification, assessment and management of OHS risks related to the scope of work. The methodology used for the risk assessment must be provided together with the BRA |  |  |
| 5 | **Valid Letter of Good Standing** (COIDA or equivalent) |  |  |
| 6 | **OHS policy signed by CEO**  The submitted policy must comply to OHS Act Section 7 |  |  |
| 7 | **OHS Competency**  (Consider scope of work, risks, OHS plan and applicability) CV,s and qualifications / certificates (List competencies required) |  |  |
| **Recommendation** | |  | **Recommended /Not Recommended** |

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

1. **Other requirements**

**Annotation: Populate additional OHS tender returnable(s) that are applicable to the scope of work and need to be evaluated prior to contract award. *This section must be deleted if not applicable*.**

| Ref. | OHS Tender returnable | Submission | Comments |
| --- | --- | --- | --- |
| Y = Yes  N= No |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Recommendation** | |  | **Recommended /Not Recommended** |

**…………………………………. …………………………….. …………….…………….. …………………………..**

**Eskom OHS Representative Designation Signature Date**