

Annexure I

HEALTH AND SAFETY

DOCUMENT REQUIREMENTS FORM 74 (SHE Specification) REQUIREMENTS	Applicable	Non-Applicable
SECTION A: (HEALTH AND SAFETY LEGAL COMPLIANCE)		
1. Signed and authorized OH& S Policy.		
2. Planning (Hazard Identification, Risk Assessment and controls)		
3. Resources, Roles , Responsibility and Authority		
4. Competency, training and awareness		
5. Communication, participation and consultation		
6. Emergency preparedness and response		
7. Evaluation of compliance		
8. Fitness for duty certificates		

SECTION B: SHE PLAN (As per SHE Specification Requirements)	Applicable	Non-Applicable
1. SHE Plan (To demonstrate the following as minimum)		
<ul style="list-style-type: none"> Indication of SHE competencies and appointments, including duties and SHE responsibilities of appointed persons on site Training procedures and plan, including SHE induction 		
SHE communications and meetings, including daily safe task instructions and project safety meetings		
Management of sub-contractors and suppliers.		
Health and Safety inspections and audits		
Management of personal protective clothing		
Emergency preparedness, Evacuation and rescue plan		
Legal and other requirements.		
Housekeeping requirements		
Substance abuse management		
Maintenance arrangements of machinery and equipment		
Compliance to Lifesaving Rules (Implementation, monitoring, Enforcement and disciplinary processes etc.)		
Risk Assessment (Define process/method to be followed)		
Fall Protection Plan		
Incident Management		

Smoking policy		
Transportation of employees to and, from site.		
Health and Safety Organogram		
SECTION C : SHE FILE (Templates)	Applicable	Non-Applicable
1. Appointments		
2. Past Health and Safety Performance (12 months progressive)		
3. Valid Letter of Good Standing		
4. Inspections and Audits program (templates)		
5. Safe Work Procedures (For all critical task/activities)		
6. Program of Compliance to Lifesaving Rules		
7. Baseline Risk Assessment		
8. Fall Protection plan		
9 Fire Safety plan		

Name: _____

SHEQ Evaluator: _____

Approve: Yes/No

Date: _____

Signature: _____