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| **Name of BU** |  | | |
| **Scope of work:** |  | | |
| **Contract/Order number** |  | **Duration of the contract** |  |
| **Type of contract e.g. as and when/ full time** |  | | |

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| **Eskom Project Leader** |  | **Contact number** |  |
| **Name of Contractor Company** |  | **Total number of Employees** |  |
| **Contractor Responsible Person** |  | **Contact Number** |  |
| **Evaluation/ Assessment Date** |  |  |  |

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| **#** | **Legal and other Reference** | **Question** | **YES** | | | **NO** | | **NA** | | **Remarks** |
| **1.** | **CONTRACTOR / Appointed contractor** | | | | | | | | | |
|  | OHS ACT 32 | Is the agreement signed Sec 37(2) |  | | |  | |  | |  |
|  | OHS Specification | Appointment of Contractor |  | | |  | |  | |  |
|  | OHS ACT | Letter of good standing |  | | |  | |  | |  |
|  |  | \* What is your registration number |  | | |  | |  | |  |
|  | OHS Specification | OHS/ OHS Requirements issued to the contractor |  | | |  | |  | |  |
|  | OHS Specification | Health & Safety Plan |  | | |  | |  | |  |
|  | OHS Specification | Is there any appointed contractor (Subcontractor) |  | | |  | |  | |  |
|  | OHS Specification | Appointed contractor appointment by Contractor |  | | |  | |  | |  |
| **2.** | **APPOINTMENTS – (a competent person)**  **SITE SPECIFIC ORGANOGRAM** | | | | | | | | | |
|  | Sec 16(2) | Designation Employer | |  |  | |  | |  | |
|  | Sec 17(1) | OHS Representatives (more than 20 employees or risk based) | |  |  | |  | |  | |
|  | Sec 19(3) | Chairman of SHE Committee | |  |  | |  | |  | |
|  | GAR 9(2) | Competent person to conduct investigations | |  |  | |  | |  | |
|  | GSR 3(4) | First Aider | |  |  | |  | |  | |
|  | Sec 8 | Contractor Supervisor | |  |  | |  | |  | |
|  | OHS Specification | Contractor Safety Officer | |  |  | |  | |  | |
|  |  | \* Full Time | |  |  | |  | |  | |
|  |  | \* Part Time | |  |  | |  | |  | |
|  |  | \* If part time what is the frequency of visits to site | |  |  | |  | |  | |
|  | OHS Act Sec 8 | Competent person to conduct Risk Assessment and training/awareness | |  |  | |  | |  | |
|  | OHS Act | Competent person for inspection of fire equipment | |  |  | |  | |  | |

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| **3.** | **Legal and other Reference** | | **RISK ASSESSMENT (will include)** | | | **YES** | | **NO** | | **NA** | | **Remarks** | |
|  | OHS Act Sec 8 | | Risk Identification | | |  | |  | |  | |  | |
|  | 32-520 | | Risk Analysis | | |  | |  | |  | |  | |
|  | 32-520 | | Risk Controls/Safe work procedure/Method statement | | |  | |  | |  | |  | |
|  | 32-520 | | Risk Matrix and Rating | | |  | |  | |  | |  | |
|  | 32-520 | | Monitoring Plan | | |  | |  | |  | |  | |
|  | 32-520 | | Review Plan | | |  | |  | |  | |  | |
| **4.** | **Legal and other Reference** | | | **INDUCTION TRAINING** | | | | | | | | | |
|  | 32-726 | | | 1. Was the induction done by the Contractor | | |  |  |  | |  | | |
|  | OHS Specification | | | * The Contractor training syllabus /programme | | |  |  |  | |  | | |
|  | OHS Specification | | | * Attendance register of the induction course (to be provided before work commences) | | |  |  |  | |  | | |
|  | 32-726 | | | 1. Was induction done by the Client (Eskom) | | |  |  |  | |  | | |
|  | OHS Specification | | | * Proof of induction of person done by Eskom | | |  |  |  | |  | | |
| **5.** | **Legal and other Reference** | **Working at heights** | | | | | | | | | | | |
|  | 32-418 | Fall protection plan | | | |  | |  | |  | |  | |
|  | 32-418 | Rescue plan | | | |  | |  | |  | |  | |
|  | 32-418 | Risk Assessment | | | |  | |  | |  | |  | |
|  | 32-418 | Training of employees working at heights | | | |  | |  | |  | |  | |
|  | 32-418 | Medical fitness assessments (refer to Annexure 3) | | | |  | |  | |  | |  | |
|  | 32-418 | Planned Inspections of fall protection equipment | | | |  | |  | |  | |  | |
|  | 32-418 | The appointment of the competent Supervisor (training?) | | | |  | |  | |  | |  | |
|  | 32-418 | Awareness of employees working at heights | | | |  | |  | |  | |  | |
| **6** | **Legal and other Reference** | | | **PERSONAL PROTECTION EQUIPMENT** | | | | | | | | | |
|  | GSR2 & OHSACT 8(2)(b) | | | The risk-based PPE matrix in place | | |  |  |  | |  | | |
|  | GSR2 & 8(b) | | | Register of PPE issued on site (risk based) | | |  |  |  | |  | | |
|  | OHS Specification | | | Monthly inspections records of PPE | | |  |  |  | |  | | |
|  | OHS Specification | | | Employees trained on the use of PPE | | |  |  |  | |  | | |
| **7.** | **Legal and other Reference** | | | | **INCIDENT MANAGEMENT: 32-95** | | | | | | | | |
|  | COIDA | | | | Incident management procedure aligned with 32-95 | |  |  |  | | | |  |
|  | COIDA & OHSACT 14(e) & 24 | | | | Incident initial notification and investigation templates available | |  |  |  | | | |  |
|  | 32-95 | | | | Incident register available (Appendix 2 register) | |  |  |  | | | |  |
|  | GAR 9 | | | | Incident investigation Annexure 1 template | |  |  |  | | | |  |
|  | GAR 9 | | | | WCL forms available | |  |  |  | | | |  |
|  | **Legal and other Reference** | | | | **VEHICLE SAFETY MANAGEMENT: 32-345** | | | | | | | | |
|  | Eskom procedure 32-345  Sedans, Bakkies, Trucks and Minibuses | | | | The vehicle inspection checklist | |  |  |  | | | |  |
|  | List of Vehicles onsite | |  |  |  | | | |  |
|  | First Aid kit | |  |  |  | | | |  |
|  | Fire Extinguishers | |  |  |  | | | |  |
|  | Emergency numbers displayed | |  |  |  | | | |  |
| **8.** | **Legal and other Reference** | | | | **RECORDS (Checklists or Templates)** | | | | | | | | |
|  | OHS specification | | | | Monthly inspection/audit checklist | |  |  |  | | | |  |
|  | OHS specification | | | | Daily inspection checklist | |  |  |  | | | |  |
|  | OHS specification | | | | Toolbox talk register (Template) | |  |  |  | | | |  |
|  | OHS specification | | | | Induction programme | |  |  |  | | | |  |
|  | OHS specification | | | | Training Matrix | |  |  |  | | | |  |
|  | OHS specification | | | | Worker’s timesheet/ daily attendance register | |  |  |  | | | |  |
|  | HCAR 3 | | | | Chemical Agents and Safety Data Sheet | |  |  |  | | | |  |
|  | OHS specification | | | | Medical Fitness certificates | |  |  |  | | | |  |
|  | GAR 8 | | | | Endorsement of SHE Rep inspection & minutes by OHS Committee Chairperson | |  |  |  | | | |  |
|  | OHS specification | | | | ID copies | |  |  |  | | | |  |
|  | GSR 3 | | | | Accreditation certificate of the Service provider for First Aid training | |  |  |  | | | |  |
| **9.** | **Legal and other Reference** | | | | **COVID 19 REQUIREMENTS** | | | | | | | | |
|  | National Disaster Management Act | | | | Covid-19 Workplace plan | |  |  |  | | | |  |
|  | National Disaster Management Act | | | | Covid-19 Policy | |  |  |  | | | |  |
|  | National Disaster Management Act | | | | Covid-19 Risk Assessment | |  |  |  | | | |  |
|  | National Disaster Management Act | | | | Covid-19 Compliance Officer | |  |  |  | | | |  |

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|  | **More information required** |  | **Not Approved** |  | **Approved** |

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| **Evaluated/Assessed by:**  **Safety Officer** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |

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| **Accepted by: Contractor Representative** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |

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| **Verified by Eskom Safety Risk Management (Manager/Senior Advisor)** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |

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| **Approval acknowledged by Eskom Project Leader** |  |  |  |
| ***Name*** | ***Signature*** | ***Date*** |