

	Annexure C 1: OHS Tender Evaluation Template (High risk)	Template Identifier	240-43921898	Rev	5
		Document Identifier	240-77471651	Rev	3
		Effective Date	May 2021		

1. Tenderer's / Supplier's name: ..... Tender Ref number: .....

Scope of work: .....

<u>Ref.</u>	<u>OHS Tender Returnable</u>	<u>Submission</u>	<u>Comments</u>
		Y = Yes N= No N/A = Not applicable	
1	<b>Annexure B</b> Is the acknowledgement of <b>Eskom's OHS</b> legal and other requirements form signed and submitted by the tenderer?		
2	<b>Health and Safety Plan</b> (must address the project /scope of work OHS risk(s) and aligned with the health and safety specification or requirements)		
3	<b>Baseline OHS Risk Assessment (BRA) and Method Statement</b> 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		

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		Y = Yes N= No N/A = Not applicable	
4	<b>Valid Letter of Good Standing</b> (COIDA or equivalent)		
5	<b>OHS policy signed by CEO</b> The submitted policy must comply to OHS Act Section 7		
6	<ul style="list-style-type: none"> <li>• <b>OHS Competency</b></li> <li>• (Consider scope of work, risks, OHS plan and applicability) CV, s and qualifications / certificates (List competencies required)</li> <li>• Crane must have valid load test certificates.</li> <li>• All rigging equipment must have valid certificate.</li> </ul>		
<b>Recommendation</b>			<b>Recommended /Not Recommended</b>

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\*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.***

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<u>Ref.</u>	<u>OHS Tender returnable</u>	<u>Submission</u>	<u>Comments</u>
		Y = Yes N= No	
1			
2			
3			
Recommendation			Recommended /Not Recommended

.....  
Eskom OHS Representative

.....  
Designation

.....  
Signature

.....  
Date

**Public**

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