*\*Please note that the following may be used as a guideline for the SHE returnable.*

**Annexure A: The Client’s Non-Negotiable Occupational Health & Safety Requirements**

**The following Minimum OHS -related requirements that bidders must address and respond to when submitting their tender returnable are as follows:**

Please complete the following form, and where required, submit copies of the appropriate documentation.

| **Ref.** | **Eskom Health and Safety Requirements Checklist** | **Proof required** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- | --- | --- |
| 1 | Provide Signed, Acknowledgement form for Eskom SHE Rules and other legislative requirements. | ✓ |  |  |  |
| 2 | **Organisational structure and contact details of key persons** |  |  |  |  |
| 2.1 | Provide a copy of your company organogram /structure. (Including roles, responsibility & Accountability) | ✓ |  |  |  |
| 2.2 | Provide a proposed OHS resource plan for the proposed scope of work. For each position, stipulate the position titles; and the qualifications and competencies that will be required for each position. | ✓ |  |  |  |
|  | **OHS Management System** |  |  |  |  |
|  | **OHS Management System** |  |  |  |  |
| 3 | Does your Company have a recognised OHS Management System? If **Yes,** then complete subsections 3.1 – 3.2: |  |  |  |  |
| 3.1 | Provide a copy of the certification. | ✓ |  |  |  |
| 3.2 | Provide plan as to how you would establish the OHS Management system for the duration of the Project? | ✓ |  |  |  |
| 4 | Provide a copy of your SHEQ Policy that is signed by your senior management? | ✓ | ✓ |  |  |
| 5 | How would you establish and maintain your legal and other requirements register | ✓ |  |  |  |
| 6 | How would you enforce compliance to OHS on the project and amongst contractor companies? (where applicable) | ✓ |  |  |  |
| 7 | How would you deal with companies/individuals that have transgressed OHS requirements? | ✓ |  |  |  |
| 8 | Has your company managed OHS before on a project/similar scope of work to this? |  |  |  |  |
| 8.1 | If yes, please provide details of client’s references and information on the work that your company performed. | ✓ |  |  |  |
| 9 | **Occupational health and wellness** |  |  |  |  |
| 9.1 | Does your Company have an Employee Assistance Programme for employees? | ✓ |  |  |  |
| 9.2 | Does your Company have a medical surveillance programme for employees? | ✓ |  |  |  |
| 10 | **Contractor management** |  |  |  |  |
| 10.1 | Does your Company appoint competent contractors /sub-contractors? (provide details of selection process and criteria) | ✓ |  |  |  |
| 10.2 | Explain how you would manage and monitor contractor companies in terms of Health and Safety compliance? | ✓ |  |  |  |
| 10.3 | Explain how you would manage multiple contractor company interfaces on the project? | ✓ |  |  |  |
| **12** | **Hazard identification and risk assessment (HIRA)** |  |  |  |  |
| 12.1 | Does your Company have procedures in place for conducting hazard identification and risk assessments and for developing and implementing safe systems of work/method statements? Share risk assessment | ✓ | ✓ |  |  |
| 12.2 | Does your Company have a competent person appointed to carry out hazard identification and risk assessments? | ✓ |  |  |  |
| 12.3 | Does your Company have a standard/procedure on the hierarchy of control principles that is applied to the mitigation of risks? | ✓ |  |  |  |
| 12.4 | Provide a copy of a typical Health and Safety risk profile for a project like this as well as high level interventions that will be implemented to mitigate the risk. | ✓ |  |  |  |
| **13** | **COID** |  |  |  |  |
| 13.1 | Is your company registered with COID or with a licensed compensation insurer based on South African legislative requirements and are you still in good standing?  If yes, please provide copy of current valid certificate issued by the Compensation Commissioner. | ✓ |  |  |  |
| 14 | **Training** |  |  |  |  |
| 14.1 | Does the Company have an orientation and safety induction programme / policy? | ✓ |  |  |  |
| 14.2 | Does the Company have implemented training arrangements in place to ensure that employees have sufficient skills and understanding to discharge their various duties? This includes refresher training that will keep employees updated on legislation and good health and safety practice. This applies throughout the Company, from top management to trainees.  Provide list of training interventions (scope and content) | ✓ |  |  |  |
| 15 | **Costing for OHS** |  |  |  |  |
| 15.1 | Provide a detailed costing for OHS- based on the overall scope of work/services to be performed. | ✓ |  |  |  |
| 16 | **Occupational Hygiene** |  |  |  |  |
| 16.1 | Describe how you would implement an occupational Hygiene programme | ✓ |  |  |  |
| 17 | **Leadership Accountability to drive SHE culture within organisation. (Visible Leadership)** |  |  |  |  |
| 17.1 | Describe how and what measures are taken by Senior Leadership to actively drive SHE with employees and sub-contractors.  Consider the following Criteria:   * Visibility on sites where operations take place. * Interventions that leadership drive specifically on SHE matters. * What monitoring mechanisms are in place to verify the above? | ✓ |  |  |  |
| 18 | **References – Provide references of the least two (2) clients** |  |  |  |  |
| 18.1 | Past experience with references. Provide the following details per client:  Client 1:   * Client's name: * Description of works, services, product: * Duration of contract (specify start and end dates): * Value of contract/work/services/product: * Contact telephone number/s: * Number of ‘near misses’ reported: * Number of lost-time injuries: * Number of disabling injuries: * Number of motor vehicle incidents/accidents: * Number of fatalities: * Number of lost-time injuries: * Largest number of permanent staff members working on the project during the contract period: | ✓ |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY SIGN-OFF  I acknowledge that the information provided in this Occupational Health and Safety Questionnaire, as part of the Eskom OHS evaluation process, is true and correct.  Company name: ……………………………………………....  Name and surname: ………………………………………….  Position: ……………………………………………………….  Signature: ………………………………………………………  Date: …………………………………………. | | | |
| **FOR OFFICE USE ONLY** |  |  |  |
| **SCORING:** |  |  |  |
|  |  |  |  |
| A: Each question qualifies a maximum score of two (2) points. Total possible points |  |  |  |
| Percentage Score = Actual Score  Possible Score x 100 = % |  |  |  |
| * + - * 1. **Comments:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **OHS EVALUATION RESULT – Approved/Not Approved** |  |  |  |
|  |  |  |  |
| **NAME OF ASSESSOR: ………………………………………………** |  |  |  |
| **SIGNATURE: …………………………….** |  |  |  |
| **DATE: …………………….** |  |  |  |

**Evaluation criteria**

|  |  |  |
| --- | --- | --- |
| **Legends** | **Rating** | |
| Meets Client's Requirements: | **2** |  |
| Partial compliance | **1** |  |
| Does not meet Client's Requirements: | **0** |  |
|  |  |  |