

	CONTRACTOR SHE FILE / SHE PLAN EVALUATION	Document Identifier	240-76755675	Rev	4
		Authorisation Date	01 March 2014		
		Review Date	31 May 2024		

Evaluation expires on the: Signature:

*Contract: **Survey**

*Contract Number: _____

Details of Contractor

Trading Name	
Company Registration Number	
Contact Person	
Contact Number	
Address	

The review is for compliance with the requirements of the Occupational Health and Safety Act No 85 of 1993, relevant regulations thereof and Eskom requirements as listed in the SHE Specification.

The SHE File / SHE Plan* is found to be:

A	B
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A (100% requirements met)- The file is FULLY compliant in all respects and the contractor may access the site and commence work.

B The file is non-compliant – The contractor may not have access to site or commence work. The contractor must rectify the deviations as listed on the following page and the file is re-viewed and a new assessment form is completed achieving full compliant.

Note: A new form must be completed per assessment.

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Minimum Requirements for the SHE File:

Note: Assessor to ✓ requirement for project specific

Requirement	Reference	Project Requirement ✓	Available ✓ x	Score
Occupational Health & safety Act	OHS Act 85 of 1993			
SHE policy	Sect. 7			
Letter of Good Standing	COID Act	Expiry Date		
SHE Plan	CR 7(1)(a)(vi)(d)			
37(2) Agreement	Sect. 37(2)	PM		
SHE Specification	CR 5(1)(b)	PM		
Organogram	CR 7(1)(c)(iii)			
16(2) Appointment (if applicable)	Sect. 16(2)			
First Aider Appoint & Competency	GSR 3(4)			
Incident investigator Appoint & Competency (RCAT)	GAR 9(2)			
Fire Fighter Appoint & Competency	CR 29(h)			
Surveyor Competency (SAGC Registration)	Land Survey Act 8 of 1997			
Risk Assessor Appoint & Competency	CR 9(1)			
Medical Certificates (issued by Occupational Health Practitioner) In the form of Annexure 3	CR 7(1)(g), 7(8)			
Safe Working Procedures – Task specific				
Public Safety Plan (How they deal public for their task completion)				
Emergency Preparedness Plan	CR 29; 32-123 & 32-124			
Issue Based Risk Assessment	S5(1)(a), 9(1)(c)			
Name & Surname, contact details of all employees including their relative contact details (List should include Casuals)				

SHE Assessor Details (SHE Practitioner):

SHE File fully Compliant

Yes ☐

No ☐

Name: _____ Signature: _____

Date of Assessment: _____

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Project Custodian Details (PM):

File fully Approved

Yes ☐

No ☐

Name: _____ Signature: _____

Date of Approval: _____

Public

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