

	<b>Annexure C 1: SHE Tender Evaluation and Scoring Card</b> (Tracking submission and the quality thereof)	Document Identifier	240-77471651	Rev	2
		Authorisation Date	July 2014		
		Review Date	March 2025		

### High Risk Category – Objective criteria (Reticulation)

**NB: Accreditation letter to be provided by Service Providers for all certificates**

Ref.	KPIs	Track Submission	Actual score Apply 1 or 0	Comments
		Apply (Yes/ No)		
	Occupational Health and Safety Section			
1.	Is the acknowledgement of Eskom's OHS rules and requirements form (Annexure B) signed by the Owner / CEO / MD and 2 witnesses?			
2.	OH&S Organogram ( <i>Approved by CEO/Director</i> )-Including names and appointment reference			
3.	<b>Occupational, Health and Safety Plan (OHS Plan)</b>  This must be relevant to the Scope of work of Electrical Work addressing and responding to the Eskom Health and Safety Specification (SHE Plan numbering must align to the left-hand side numbers in the SHE Specification). Review date to be included in the document). To be signed off by the Owner / CEO / MD.			
4.	<b>Risk Assessment procedure / Method Statement.</b> <b>Baseline Risk Assessment (Provided by the Client)</b>			
5.	<b>Valid Letter of Good Standing or equivalent, i.e. COID, RMA or FEMA,</b> (with applicable nature of business with relevant to the scope of work).			
6.	<b>Health and Safety Policy- <i>signed by the Owner / CEO or MD,</i></b> (Including review date).			
7.	<b>SHE Competency; proof of the following training certificates and appointment letters for each of the following. NB accreditation certificate to be provided by training provider for each competency.</b>  <ul style="list-style-type: none"><li>• CR 8(1) Construction Manager (Registered with SACPCMP)</li><li>• Sec. 17 Health and Safety Representative (Appointment if not yet trained)</li><li>• GSR 3(4) First Aid (Perform Basic Life support training)</li><li>• CR 29 (h&amp;i) Fire fighter</li><li>• CR 9(1) Risk Assessor</li><li>• CR 8(7) Construction Supervisor (With MV/LV line Construction)</li><li>• CR 8(5) Safety Officer (Registered with SACPCMP)</li><li>• CR 10(1) Fall protection planner/developer- SANS 229994</li><li>• Fall rescuer (Competency Certificate)-SANS 229998</li><li>• GAR 9(2) Incident investigator</li><li>• CR 13 (1) Competent person for Excavation work</li><li>• Stacking and Storage Supervisor CR 28(a)</li></ul>			

8.	<b>Medical Fitness Certificate (including Annexure 3 template)-</b> (done by Occupational Health Practitioner / Nurse / Doctor (Minimum of 3)			
9.	<b>Fall Protection Plan as per CR10 (with Rescue Plan &amp; Fall Risks)</b> (Next Review date to be included and to be signed by CEO/MD)			
10.	<b>Substance Abuse Procedure or Policy.</b> Policy must be sign by CEO/MD (With review date)			
11.	<b>Costing for SHE</b>			

Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_