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

Scope of work: ……

Ref.	OHS Tender Returnable	Submission Y = Yes N= No N/A = Not applicable	Comments
1	**Annexure B** Is the acknowledgement of **Eskom's OHS** legal and other requirements form signed and submitted by the tenderer?		
2	**Health and Safety Plan** (must address the project /scope of work OHS risk(s) and aligned with the health and safety specification or requirements)		
3	**Costing for Health and Safety management** Has the tenderer submitted detailed costing for OHS (the cost should be broken down not provided as a lump sum).		

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Ref.	OHS Tender Returnable	Submission Y = Yes N= No N/A = Not applicable	Comments
	• The costing must be based on the overall scope of work/service to be performed; • The scope of work and the risk assessment may serve as a guideline.		
4	**Baseline OHS Risk Assessment (BRA)** 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		
5	**Valid Letter of Good Standing** (COIDA or equivalent)		
6	**OHS policy signed by CEO** The submitted policy must comply to OHS Act Section 7		
7	**OHS Competency** (Consider scope of work, risks, OHS plan and applicability) CV,s and qualifications / certificates (Driver's licence of driver(s))		

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Ref.	OHS Tender Returnable	Submission Y = Yes N= No N/A = Not applicable	Comments
Recommendation			**Recommended /Not Recommended**

***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*.

Ref.	OHS Tender returnable	Submission Y = Yes N= No	Comments
1			

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Ref.	OHS Tender returnable	Submission Y = Yes N= No	Comments
2			
3			
Recommendation			**Recommended /Not Recommended**

Actions/ Comments to be addressed by the Supplier:

-
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-
-
-

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Eskom OHS Representative	**Designation**	**Signature**	**Date**

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