



Occupational Health and Safety Act, No. 85 of 1993

APPOINTMENT AS WELDING AND FLAME CUTTING SUPERVISOR

I, _____, representing _____, by the powers invested in me to appoint persons in terms of the Occupational Health and Safety Act, and in terms of General Safety Regulation 9 to the Act, hereby appoint you, _____ as Welding and Flame Cutting Supervisor.

Your appointment will be with effect from _____ until further notice and supercedes any appointments in terms of the same provision you may have.

In terms of this appointment, your area of responsibility will be as follows:
_____, at _____

Your duties will include but not limited to;

- 1 Ensure that all company procedures regarding flame cutting and welding along with the applicable legislative requirements and any specific client requirements are implemented and adhered to.
- 2 Ensure that all flame cutting and welding operations are conducted in a safe manner by workers who have been trained in the safe use of these items.
- 3 Ensure that all flame cutting and welding equipment is used and maintained in a safe working condition.
- 4 Ensure that suitable precautions are taken to protect other workers from flame cutting and welding operations.
- 5 Ensure that workers, who use flame cutting and welding equipment, are issued with suitable personal protective equipment such as eye, face, hand and body protection.
- 6 Ensure that suitable fire precautions are implemented where these work activities are to take place.
- 7 Ensure that all hoses are protected and that all leads and electrodes are effectively insulated.
- 8 Ensure that no flame cutting or welding takes place in confined spaces unless suitable ventilation has been provided and it has been established that no explosive gases, substances or agents are present.
- 9 Ensure that no electric welding takes place in wet or damp conditions without adequate precautions being taken.
- 10 Ensure that all gas bottles are secured from falling over and that all regulators are in a safe working condition.
- 11 Ensure that flash back arrestors are fitted to both bottle and hand set ends on cutting torch sets.
- 12 Ensure that proper clamps are used on hose ends and that welding clamps are in a safe working condition.
- 13 Ensure that all cutting torch sets and welding machines are numbered and inspected monthly with the findings recorded onto a register.

You are to ensure that you are familiar with your responsibility, as outlined above, and if you have any queries in this regard, you are to bring it to the attention of the person you report to, or to myself. You will be provided with all the means necessary to enable you to fulfill your responsibilities in terms of this appointment.

You are to take all reasonably practicable measures, within your area of responsibility, to ensure the general safety and health of persons, and the enforcement of health and safety requirements as may be imposed by the Company, the applicable Government Department or the Act and Regulations. If you, for any reason, are unable to take such measures, you are to bring this to the attention of the person you report to, or to myself.

You are to maintain a good working knowledge of the provisions of the Act and Regulations made in terms of the Act, as well as other legislation which may have relevance to your responsibilities.

You are to ensure that you are familiar with all Company health and Safety standards. This will include, but is not limited to instructions, safe working procedures, general health and safety rules, and protective equipment and clothing requirements.

You are to ensure that you are familiar with all permits, permissions and exemptions as may be imposed by external authorities including, but not limited to, the Department of Labour. You shall assist in ensuring that, as may be applicable, the same documents are kept up to date at all times.

Kindly confirm the acceptance of this designation and understanding of the duties involved by signing this letter of designation and returning it to me. Please keep a copy for your records.

Signature of Appointor

Signature of Appointee

Date

Date

ABBREVIATED CV

Name: _____ **Surname:** _____

<u>Address:</u>	<u>Qualifications:</u>
------------------------	-------------------------------

I.D Number: _____

Number of years in industry:

[illegible]

With my signature below I declare that the supplied information is the truth.

Signature: _____ **Date:** _____

Date: _____