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Occupational

Health and Safety Plan

For

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CEO INITIAL:_____

1 COMPANY SHE POLICY

The company has a written SHE policy governing its operations. The policy further enhances the commitment made by senior management in ensuring a safe and healthy working environment for all employees and for those that may be affected by the working operations. The SHE Policy will be communicated to all employees and will be displayed in all prominent areas.

2 SHE MANAGEMENT STRUCTURE

2.1. Delegation of Duties - Section 16(2)
A Manager will be appointed to oversee that all legal, client and company Safety, Health and Environmental requirements are implemented, adhered to, and enforced. Although a Manager may be appointed, the CEO remains accountable.

2.2. Construction Work Supervisor CR8(7).
A Construction Work Supervisor will be appointed to supervise the construction process and thus ensuring that all legal, client and company Safety, Health and Environmental requirements are implemented, adhered to, and enforced. The appointed person will have the authority to appoint all other persons as may be required on the project. The Construction Work Supervisors responsibilities are clearly defined in the appointment form. Although Subordinate Construction Work Supervisors may be appointed the Construction Work Supervisor remains accountable.

2.3. Subordinate Construction Work Supervisors CR8 (7).
As mentioned above, Subordinate Construction Work Supervisors may be appointed to assist the Construction Work Supervisor. Although their duties will be the same, the Construction Work Supervisor will remain accountable for any supervisory duty which the subordinate fails to conduct.

2.4. Safety Officer CR8 (5).
Depending on the scope of the work along with the associated hazards, a suitable, full time or part time Safety Officer may be appointed on the project. Should a client or appointed client agent specifically require a certain level of Safety Officer then a suitable candidate will be selected and appointed.

The function of the Safety Officer is to assist, advise and enforce all Safety, Health and Environmental issues related to the project. Further to this, the Safety Officer will liaise with all clients and or appointed client agents. The responsibilities of the Safety Officer are also clearly defined in the appropriate appointment form.

The appointed Safety Officer will be required to formally inspect the project on a monthly basis and all findings will be recorded and distributed to all appointed supervisors, client and/ or client agents and contracting companies.

2.5. Organogram
An Organogram indicating the above management structure as well as any other appointments will be included in the Safety File. An Organogram indicating the safety structure will be included in the emergency plan. To promote employee awareness this Organogram will be displayed in all prominent areas.

3 NOTIFICATION OF CONSTRUCTION WORK

A formal written notification will be submitted to the Department of Labour. A copy of the notification will be kept on site in the Safety File.

4 LETTER OF GOOD STANDING - COMPENSATION COMMISSIONER (COID Act 130 of 1993)

A "Letter of Good Standing" will be kept in the Safety File as proof that the Company is registered and in good standing with the Compensation Commissioner and that, therefore, all employees who may be injured or suffer any associated disease will covered in terms of the COID Act 130 of 1993

5 CLIENT SPECIFICATIONS

A copy of the Client SHE Specifications will be kept on site

6 SHE PLAN

A copy of this SHE plan will be kept in the Safety file.

7 AUDITS

Internal audits will be conducted on a monthly basis in order to assess the success of the Safety, Health and Environmental Management system, address non-compliances and, if necessary, review aspects of the Safety, Health and Environmental Management system. These audits, as well as audits conducted by the Client or Agent will be kept in the Safety File.

8 APPOINTMENTS

All legal and client requirements regarding appointments will be adhered to on the project. Specialised appointments have been implemented within the Safety, Health and Environmental Management System and these appointments clearly identify and highlight the main responsibilities and functions of the person being appointed. The C.E.O will delegate certain responsibilities down, however, he will remain ultimately responsible. In all cases the person being appointed will have the necessary training and/ or experience for the appointed position. Proof in the form of CV's and/or Competency Certificates will be included in the Safety File. Medical Fitness Certificates in respect of Plant, Machinery and Vehicle operators/ drivers/ users, and in respect of employees working at heights will be included in the Safety File.

8.1. List of Appointments

The list of appointments which will be included in the Safety File, if applicable to the site, is attached as Annexure 1

9 GENERAL ADMINISTRATION

9.1. Registers & Check Lists.

In order to ensure that all plant, equipment, systems and procedures are maintained in accordance to legislative requirements, formal inspection check lists and registers have been compiled. These registers and checklists will be completed by the appointed persons who have been designated in writing. The completed forms will be kept in the Safety File.

9.2 List of Inspections, Checklists and Registers

The inspections, checklists and registers which will be included in the Safety File, if applicable to the site, are attached as Annexure 2

9.3 Health and Safety Representatives and Committee Members- Sect 17 & 19

Occupational Health and Safety Representatives and Health and Safety Committee Members will be appointed. These persons will be nominated by the workforce and will thus represent the workforce in all Safety, Health and Environmental related issues. A minimum of one Representative will be appointed for every 50 employees or part thereof. All Health and Safety Representatives will be members of the Health and Safety Committee and will meet on a monthly basis with the project management to discuss Safety, Health and Environmental related issues.

Each Health and Safety Representative will be required to complete a formal monthly inspection report for their respective work areas. These reports will then be tabled at the monthly Health and Safety meetings for review. These monthly reports will be kept in the Safety File.

9.4 First Aider- GSR3

A minimum of one trained first aider will be appointed for every 50 employees or part thereof. Each trained first aider will be appointed in writing and will have certain responsibilities, which are contained in the appointment form. Each trained first aider will have a fully equipped First Aid Box and applicable signage will be placed in prominent areas on the project. To promote the awareness of the trained first aiders, their names and work areas will be displayed in all prominent areas.

10 SHE MEETINGS

Monthly Health and Safety meetings will be held with all Health and Safety Representatives and other committee members. Depending on the scope of work, monthly Health and Safety Contractor meetings could also held to discuss Health and Safety related matters.

All Health and Safety Meetings will be formalised with a standard agenda. Minutes will be kept for each meeting and will be distributed to each member. As with all documentation these will be filed in the Safety File for viewing by either the client or officials from the Department of Labour.

All persons attending Health and Safety meetings will be required to sign a standard attendance register as proof of attendance.

11 RISK ASSESSMENTS

11.1. Coordination of Risk Assessment process
The risk assessment process will be co-ordinated and overseen by an appointed risk assessor. The risk assessor will ensure that all appointed supervisors convey the information on the risk assessments over to the respective work crews. The responsibilities of the Risk Assessor are clearly defined in the appropriate appointment form.

11.2. Risk Assessment process
Each operational task is broken down and analysed further into individual Task Risk Assessments. The risks associated with that task along with the preventative measures are tabled.

11.3. List of Risk Assessments
The list of Risk Assessments which will be included in the Safety File, if applicable to the site, is attached as Annexure 3

11.4. Additional Risk Assessments
Additional Risk Assessments will be included in the Safety file as they are warranted during the course of the project

11.5. Risk Assessment Reviews
The Risk Assessments will be reviewed annually, after an accident or whenever there are any changes to the process.

11.6. Planned Task Observations (PTO's).
Planned Task Observations will be conducted regularly on persons and work processes as a part of the continuous Risk Assessment process. The process involves the observation of a person conducting a work function in accordance to a set standard. The person being observed is informed of the observation and areas of concern are then highlighted with the individual after the observation. Recommended action is then implemented and in most cases includes re-training or re-induction. The observations are conducted by appointed supervisors and appointed Safety Officers.

12 EMPLOYEE AWARENESS

12.1. Company SHE Rules.
A standard set of safety, health and environmental rules has been established and form the basis of the general safety induction which all employees will be required to undergo. Each employee will sign acknowledgement thereof. The rules will be displayed in all prominent areas and failure to comply to these Safety, Health and Environmental Rules may result in formal disciplinary action.

12.2. Site Specific Inductions
All new employees and visitors to the site will receive site specific induction training. Employees will be required to carry proof of this induction training on their persons for the duration of the project

12.3. Risk Assessments
The risks associated with tasks will be discussed and carried over to the workforce. Risks and preventative measures will be communicated to the workforce in daily meetings and required Toolbox Talks. Proof of training will be included in the Safety File

12.4. Toolbox Talks
Weekly Toolbox Talks will be held with employees. Suggested topics are included in the Safety File as well as blank Toolbox Talk forms in order that more current issues may be discussed with employees. Each employee will be required to sign acknowledgement of training and proof will be kept in the Safety File.

13 INCIDENT/ ACCIDENT PROCEDURES

13.1. Incident/ Accident Investigations
All incident/ accident investigations will be conducted by either the appointed Safety Officer, appointed investigator or appointed Health and Safety Representative. It must be noted that these procedures will apply to all contractors involved on the project.

13.2. Employers Report of Accident Forms (WCL2)
In the unfortunate case of a person being injured and requiring medical attention then the standard "Employers Report of Accident" (WCL2) form will be completed accordingly. Sufficient blank copies will be kept at the site offices in the Safety File. As per the accident procedure copies will be sent to the medical practitioner and relevant company department. A copy will also be kept on the Safety File.

13.3. Investigation Form (Annexure 1)
Each incident involving medical attention from either a doctor or hospital will be fully investigated on an Annexure 1 form. This form entails input from all parties namely the investigator, Occupational Health and Safety Committee and project management. Each investigation will be reviewed at the monthly Occupational Health and Safety meeting. Once actioned the Annexure 1 form will be kept in the Safety File. If required the client will be notified immediately and a copy handed over.

13.4. Incident/ Accident Investigation Form
Incidents/ Accidents will be investigated further on the Incident/ Accident Investigation Form. If required the client's appropriate forms will also be completed. Incidents/ Accidents will be reported to the correct authorities as per the accident procedure. Completed Incident/ Accident Investigations, together with all the relevant documentation will be kept in the Safety File.

13.5. Statement Form.
A standard statement form is incorporated into the investigation forms to record statements from eye witnesses and other contributing statements.

13.6. Employee Awareness
The Incident/ Accident procedure will be displayed in all prominent places.

14 EMERGENCY PREPAREDNESS

14.1. Emergency Evacuation Procedure
A standard Emergency Evacuation Procedure has been developed. An Emergency Co-ordinator will be appointed to conduct an emergency identification exercise and establish which emergencies could develop and to adapt the procedure accordingly. The Client's specific Evacuation Procedure will take preference over the standard evacuation procedure. Details of the Emergency Evacuation Procedure will be displayed in all prominent areas.

14.2. Emergency Contact Numbers
A list of numbers including Emergency Services numbers and all pertinent site personnel and employees' telephone numbers will be compiled and will be included in the Emergency Plan. To promote awareness, the emergency numbers will be displayed in all prominent areas.

14.3. Safety Organogram
An Organogram of the Safety Team will be included in the Emergency Plan. This will be displayed in all prominent areas.

14.4. Fire Fighting
Sufficient fire fighting equipment will be provided at the Site Office and installed in the areas as identified by the Safety Co-ordinator. Employees will receive basic fire fighting training during Toolbox Talks. Portable acoustic alarm devices will be provided. Furthermore all plant, machinery and vehicles will be equipped with hand held extinguishers. A Fire Equipment Inspector will be appointed to inspect all fire equipment and the registers will be kept in the Safety File. A diagram detailing the position of all fire fighting equipment, first aid boxes, evacuation routes and assembly points will be included in the Emergency Plan. This will be displayed in all prominent areas.

15 ENVIRONMENT, HEALTH AND WELFARE

15.1. Toilet Facilities
Suitable toilet facilities will be provided at a ratio of 1:30 employees. These facilities will be clearly marked and regularly maintained according to the overall usage and outflow.

15.2. Waste Management
Adequate waste bins will be supplied site. Waste bins will be emptied on a regular basis. Recyclable waste other than domestic waste such as wood or steel will be separated for re-cycling and stored in allocated areas or dumped into a recognized dump area.

15.3. Dust Control
Windy conditions, speeding on site and excessive traffic that generate excessive dust will be dealt with on an immediate basis. Work areas in the office, laydown area, access roads and haul roads shall be watered to control dust created by work activities. No high pressure air shall be used to clean equipment or clothes. Vehicles will travel at prescribed speeds on site and on side roads. Excessive dust must be reported immediately and dealt with accordingly.

15.4. Water Consumption
Adequate drinking water will be supplied to employees and every attempt will be made to conserve water.

15.5. Fuel & Oil Storage
Where possible, plant and vehicles will be fueled by means of a diesel bowser. If necessary a fuel tank will be erected in the lay down area and will be equipped with a bund wall and suitable fire fighting equipment. All drivers will be inducted to prevent and manage fuel spills.

15.6. Gas Cylinder Storage
Gas Welding cylinders and LPG cylinders will be stored in a secure, well ventilated and sign posted area.

15.7. Vehicle & Equipment Maintenance
Routine maintenance will be conducted as per the plant maintenance schedules. Where possible the maintenance will take place in designated workshop areas. In the event of a breakdown immediate steps will be taken to prevent any spillage of fuel or oil. All plant and vehicles will be inspected daily by the operators / drivers to ensure they are all in a roadworthy state. In the event of spillage of fuel or oil, steps will be taken to clean it up.

15.8. Noise Control
Noise generating activities will be kept to a minimum. Any activities which could cause major disturbances will be carried out during daylight hours. All regulations of the OHS Act with respect to noise will be complied with. Ear protection will be issued to all employees working in noise zones.

15.9. Traffic Accommodation
Should work operations affect public road users, a Traffic Safety Officer will be appointed. This appointment clearly identifies and highlights the main responsibilities and functions of the person being appointed.

15.10. Access Control
A perimeter fence will be erected around the lay down area. Appropriate signage will be erected.

16 PERSONAL PROTECTIVE EQUIPMENT

Where it is not possible to create an absolutely safe and healthy workplace, employees will be informed and will be issued, free of charge, suitable equipment to protect them from any hazards. A record of issued PPE will be kept in the Safety File.

Employees will be instructed and trained in the use of the equipment. A record of training will be kept in the Safety File.

Although prescribed PPE is issued free of charge, a fee may be charged should the employee request additional issue in excess of what has been prescribed or should the employee have blatantly abused or neglected the equipment causing loss or early failure.

17 CONTRACTOR CONTROL

17.1. Requirements

Legislation and contractual requirements ensure that contractors remain the responsibility of the Principle Contractor. However various systems will be implemented to ensure compliance by all contractors on the project. Contractors will be included in all Occupational Health and Safety meetings and will receive copies of all Health and Safety related documentation pertaining to their operations. Routine inspections and monthly audits will include contractor operations. Formal action will be taken against contractors failing to comply to the project Health and Safety requirements. This formal action could lead to financial implications and permanent removal from the project.

17.2. Appointments and Mandatory Agreements - Section 37(2)

All contractors will be appointed and will be required to sign a Mandatory Section 37(2) Agreement with the Principle Contractor. The agreement covers various aspects such as, insurance, administration, supervision, training, accident procedures, Occupational Health and Safety Representatives, housekeeping and general Safety, Health and Environmental requirements. Contractors will not be allowed to commence until the agreement has been signed.

17.3. Contractor Safety Files

The Mandatory Agreement contains SHE Specifications. Contractors will not be permitted to commence work on site until all the relevant documentation has been provided.

CEO SIGNATURE:_____

SAFETY, HEALTH AND ENVIRONMENTAL POLICY

Description of organization

1 Policy

Management regards the Safety and Health of employees as well the Environment to be of vital importance. Our primary objective is therefore to: "Achieve and maintain the highest practicable level of Safety, Health and Environmental control in all areas of the Company's operations."

To this end the Company will ensure that:

a) Matters affecting Safety, Health and Environment are accorded high priority.

b) Adequate precautions are taken to prevent injuries, incidents and damage to the environment.

c) The provisions of all relevant legislation, as well as the Safety, Health and Environmental Management System are complied with.

2 Occupational Health, Safety and Environmental Objectives

To achieve our goals it is necessary to:

2.1. Train our employees in Occupational Safety, Health and Environmental issues so as to:

- 2.1.a. Ensure Competence in the work place
- 2.1.b. Ensure employees are aware of the potential hazards in their work activities
- 2.1.c. Ensure employees are aware of their scope of authority in terms of Occupational Safety, Health and Environmental control

2.2. Manage Occupational Safety, Health and the Environment to acceptable standards.

2.3. Ensure employees are aware of their scope of authority in terms of Safety, Health and Environmental control.

2.4. Enforce Safety, Health and Environmental measures with discipline in the work place.

2.5. Protect the public and persons other than Company employees from Safety and Health hazards associated with our work place and activities.

3 Responsibilities

3.1. Duties will further be assigned to Company employees with the aim of managing Safety, Health and Environmental procedures

3.2. All employees are further tasked to take reasonable care for their own Safety and Health and of other persons who may be affected by their acts or omissions.

3.3. The commitment of Management and employees to these objectives will ensure high standards of Occupational Safety, Health and Environmental control

_____
CEO SIGNATURE

_____
DATE

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF SHE POLICY TRAINING

DATE: _____

TOPIC: SHE POLICY

PRESENTER: _____

I HEREBY CONFIRM THAT THE ABOVE SHE POLICY WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

Name	ID Number	Signature

PPE ISSUE POLICY

PPE will be issued to all personnel working on our premises for the specific hazards that exist in their unique job situations. All visitors who will come into contact with these hazards will be issued PPE for their protection. The type of PPE requirements which may apply in our workplace are illustrated below.

Type of Exposure	***Typical PPE Requirements***
Eye: *Where operations cause flying debris; in direct or reflected bright light: where hazardous liquids or gases exist; Where injurious radiation exists.*	*Goggles; full face shield; safety glasses; side shields; welders' lens*
Head: *Where operations create flying objects which could impact or penetrate the head; where exposure to electric shock exists*	*Safety helmets with the appropriate features, e.g. full brim, brimless, limited voltage protection, no voltage protection.*
Foot / Toe: *Where operations create exposures which could cause foot or toe injuries*	*Foot protection with appropriate features e.g., impact and compression resistance; metatarsal protection, puncture resistance, electrical hazard resistance, conductivity.*
Hand: *Where operations create exposures which can cause cuts or harm from handling corrosives, solvents, other chemicals, electric shock.*	*Cotton / leather / acrylonitrile / styrene / voltage resistant gloves; heat resistant gloves; chain mail gloves; barrier creams.*
Hearing: *When operation create noise exposures which can cause hearing loss, e.g., exceeding 85dBA during an 8 – hour time – weighted average.*	*Full muffs; disposable plugs; non-disposable plugs.*
Respiratory System: *Where operations present a limited breathable environment; where the possibility of an oxygen-deficient atmosphere exists; where contaminated air exists.*	*Air-purifying respirators; chemical cartridge respirators; air supplied respirators; combination respirators; self contained breathing devices.*

It is understood that PPE will only be issued and decided upon after a risk assessment has been done to determine what other protective and engineering changes can be implemented. PPE will be used only as a last resort. PPE will also be issued free of charge.

Failure to comply to these policies will result in formal disciplinary action

CEO Signature:_____

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF SHE POLICY TRAINING

DATE:
TOPIC: PPE ISSUE POLICY
PRESENTER:

I HEREBY CONFIRM THAT THE ABOVE PPE ISSUE POLICY WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.		
Name	ID Number	Signature

Presenter Signature:_____

POLICY ON MISUSE AND NOT WEARING PPE

Policy:

As per our PPE issue policy and our risk Assessment Policy we as a business make absolutely sure it is necessary to provide PPE, as a last resort. Time and money went into the final decision as to what where and when PPE should be worn. We as a business are absolutely dedicated to the Health and Safety of all our staff and visitors on our premises. Our feelings are even stronger when it comes to wearing and caring for the PPE issued to our staff. There-for this disciplinary Policy to ensure the use, correct use and the correct care for issued PPE.

1. INVESTIGATIONS

If a person is found not wearing issued PPE, the matter will first be investigated to find the underlying causes, if any. If it is found that the issued PPE is not the right equipment for the job, we will find more suitable PPE.

2. TRAINING

All staff will receive training on the correct use of PPE, care for PPE and why this specific PPE item is necessary for this specific job. This will be done during Toolbox Talk sessions.

3. DISCIPLANARY ACTION

If all the above actions were done and it is found that a staff member is not wearing his / her PPE or if it found that he / she is abusing the PPE items, we as management will follow the following disciplinary actions:

1. First offence – verbal warning, re-training and investigation as set out above.
2. Second offence – written warning, re-training.
3. Third offence – second written warning, re-training.
4. Forth offence – final written warning, re-training.
5. Fifth offence – disciplinary hearing and possible dismissal.

Written warnings will remain on their file for six months.

Failure to comply to these policies will result in formal disciplinary action

CEO Signature: _____

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF SHE POLICY TRAINING

DATE: _____

TOPIC: PPE MISUSE POLICY

PRESENTER: _____

I HEREBY CONFIRM THAT THE ABOVE PPE MISUSE POLICY WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.		
Name	ID Number	Signature

COMPANY SHE RULES

1 Always follow instructions from your supervisor- do not take chances.

2 Always report unsafe acts or conditions directly to your supervisor or Safety Representative.

3 Always use the protective equipment and clothing issued to you.

4 Report all injuries before the end of your shift, no matter how minor they may be.

5 Do not fool around while working- practical jokes can be dangerous.

6 Do not drink alcohol or use drugs at work and do not report to work intoxicated.

7 No dangerous weapons are allowed in any work area.

8 No physical assault, fighting or intimidation is allowed in any work area.

9 Do not use plant or machinery if you are not authorized to do so.

10 Report all defects on tools, equipment and machinery to your supervisor.

11 Always use the right tools, machinery or equipment for the job.

12 Never take short cuts, always use the access provided.

13 Obey all safety signs and notices.

14 Return all safety equipment back to the person who issued it to you.

15 Keep your work area clean, neat and tidy- a tidy project is a safe project.

16 Never misuse, abuse or alter safety devices on plant machinery or equipment.

17 Never lift heavy objects alone-rather ask someone to assist you. Use lifting equipment if necessary.

18 Keep electrical tools and equipment away from water and do not use them in wet conditions.

19 Do not throw tools, equipment or materials from any height.

20 All edges and openings must be barricaded. Do not tamper with or remove barricading without permission.

21 Do not pollute or damage the environment- use the facilities provided for you.

22 Stay alert, follow the rules and protect yourself, other workers and visitors from accidents

23 If you are unsure about your safety then ask your supervisor.

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF SHE RULES TRAINING

DATE:
TOPIC: SHE RULES
PRESENTER:

I HEREBY CONFIRM THAT THE ABOVE SHE RULES WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

Name	ID Number	Signature

Presenter Signature:_____

OMEGA FIRE AND SECURITY

SITE SAFETY ORGANOGRAM

SITE SAFETY OFFICER

SITE TRAFFIC OFFICER

EMERGENCY CO-ORDINATOR

SAFETY REPRESENTATIVES SECT 17

SAFETY COMMITTEE MEMBERS SECT 19

FIRST AIDERS GSR3

INCIDENT/ ACCIDENT INVESTIGATOR GAR29

RISK ASSESSORS CR7(1)

ELECT INSTALLATION INSPECTOR

CEO SECT 16(1)

SITE AGENT SECT 16(2),

FOREMAN

FOREMAM

COMPETENT PERSON FOR MACHINERY GMR2

BATCH PLANT SUPERVISOR

BLASTING SUPERVISOR ER

DEMOLITION SUPERVISOR

EXCAVATION SUPERVISOR

EXPLOSIVE POWER TOOL SUPERVISOR

FALL PROTECTION SUPERVISOR

FORMWORK AND SUPPORT WORK SUPERVISOR

FIRE EQUIPMENT INSPECTOR

LADDER INSPECTOR GSR13A

LIFTING EQUIPMENT INSPECTOR

HAZARDOUS SUBSTANCE CONTROL SUPERVISOR HCS REG

LIFTING EQUIPMENT SUPERVISOR

MATERIALS HOIST INSPECTOR

SCAFFOLD SUPERVISOR

STACKING & STORAGE SUPERVISOR

STRUCTURES SUPERVISOR

SUSPENDED PLATFORM SUPERVISOR

TUNNELING SUPERVISOR

VESSELS UNDER PRESSURE SUPERVISOR VUP REG

WELDING SUPERVISOR GSR9

WORKING ON/ NEAR WATER SUPERVISOR

Notification of Construction Work

CONSTRUCTION REGULATION 3

3. (1) shall –

(a) before carrying out that work, notify the provincial director in writing of the construction work if it includes –

1. or
2. the use of explosives to perform construction work; or
3. the dismantling of fixed plant at a height greater than 3 meters.

(b) writing when the construction work –

1. construction work;
2. and includes excavation work deeper than 1 meter; or
3. includes working at a height greater than 3 meters above

3. (2) The notification to the provincial director contemplated in sub regulation (1) must be done on the form below

3. (3) A principal contractor shall ensure that a copy of the completed form is kept on site for inspection by an inspector, client, client's agent or

1. (a) Name and postal address of principal contractor:

0

(b) Name and tel. No of principal contractor's contact person:

0	**; 0**

2 Principal contractor's compensation registration number:

3. (a) Name and postal address of client:

0

(b) Name and tel. No of clients contact person or agent:

0	**; 0**

4 (a) Name and postal address of designer(s) of the project:

0

(b) Name and tel. No of designer(s) contact person:

0	**; 0**

5 Name and telephone number of principle contractor's construction supervisor on site appointed in terms of regulation 6 (1):

; 0

6 Names of principle contractor's Subordinate Construction Supervisors on site appointed in terms of regulation 6 (2)

; **0**

7 Exact physical address of the construction site or site office:

8 Nature of construction work:

9 Expected commencement date**:**

10 Expected completion date:

11 Estimated maximum number of persons on the construction site:

12 Planned number of contractors on the construction site accountable to principal contractor:

13 Names of contractors already chosen:

	Coid No:	
	Coid No:	
	Coid No:	
	Coid No:	
	Coid No:	
	Coid No:	
	Coid No:	
	Coid No:	
	Coid No:	
	Coid No:	

Principle Contractor Signature

Date

Client Signature

Date

MONTHLY SITE AUDIT REPORT

CONTRACT: _____ **DATE OF AUDIT:** _____

AUDITOR: _____

CONSTRUCTION SUPERVISOR: _____ **RESULT:** [ ]

Element	Possible	Achieved	%
1. Administration			
2. Education			
3. Public Safety & Emergency Preparedness			
4. Personal Protective Equipment and Clothing			
5. Housekeeping			
6. Tools			
7. Ladders			
8. Electrical Safeguarding			
9. Material Hoist			
10. Emergency / Fire Prevention			
11. Excavation and Demolition			
12. Transport and Material Handling Equipment			
13. Site Plant and Machinery			
14. Cranes			
15. Plant Storage Yards or Site Workshop Specific			
16. Workplace, Environmental, Health and Hygiene			
17. Scaffold, Formwork and or Support Work			
Total			

1. Administrative and legal requirements

Section / Regulation	Subject	Requirements	Possible	Actual
Construction regulations 3	Notice of carrying out construction work	Department of Labour notified	1	
General admin Regulations	Copy of OHS act (85 of 1993)	Updated copy of Act and Regulations. Available to all employees.	1	
COID Act. Section 80 / Construction regulations	Registration with compensation commissioner	Written proof of registration / letter of good standing on site.	1	
Construction Regulations 7.	Hazard Identification and Risk assessments.	Hazard identification conducted / recorded.	1	
		Risk assessments updated.	1	
		Employees informed and trained	1	
Act Section 16(2)	Assigned duties (managers)	Responsibility of complying with the OHS act assigned to other persons by CEO.	1	
Construction regulations 6(1)	Designation : construction supervisor	Construction work supervisors designated.	1	
Construction regulations 6(2)	Designation : subordinate supervisor of construction work.	Subordinate Construction work supervisor designated.	1	
Section 17 & 18	Designation of health and Safety Representatives.	More than 20 employees – 1 Representative, one additional Rep for each 50 employees or part of 50.	1	
		Designation in writing.	1	
		Meaningful OH&S Representative reports	1	
		Reports auctioned by management	1	
Section 19 & 20	Occupational Health and Safety Committees.	OH&S Committees established.	1	
		Members appointed in writing.	1	
		Meetings held monthly.	1	
		Minutes kept.	1	
		Actioned by management.	1	

Section 37	Agreements with mandatory.	Written agreement with sub contractors.	1	
		List of Sub contractors displayed.	1	
		Proof of registration with Compensation commissioner	1	
		Construction work supervisor designated	1	
		Written agreements re.		
		· OH&S Representatives and committees	1	
		· First aid	1	
Construction Regulations 14(2)	Erection Inspection and supervision of scaffolds	"Competent" person to inspect Scaffold weekly and after inclement weather and major alterations in writing	1	
		Written proof of Competence of above appointees.	1	
		Inspected before every shift and after rain	1	
		Register up to date.	1	
Construction Regulations 11(1)	Inspection of excavations.	" Competent" person to inspect excavations deeper than 1.5m appointed in writing	1	
		Written proof of competence of above appointees	1	
		Inspected before every shift and after rain.	1	
		Register up to date	1	
General Safety Regulations 13D	Inspection of Ladders	"Competent" person appointed in writing to inspect Ladders	1	
		Ladders inspected at arrival on site and monthly thereafter	1	
		Register up to date.	1	
Electrical Machinery Regulations 9 & 10	Inspection & maintenance of electrical installations and equipment.	"Competent" person appointed in writing to inspect/test the installation and equipment.	1	
		Electrical installation inspected after installation, after alterations and monthly.	1	
		Portable electrical tools, lights, extension leads identified numbered and on register.	1	
		Inspected quarterly by competent person appointed in writing and registers up to date.	1	
Driven Machinery regulations 18(11)	Training of lifting Machine drivers / operators	Drivers / operators in possession of valid certificates of training.	1	
		All Operators trained for particular type of lifting machine operated.	1	
		Operators designated in writing.	1	
		"Competent" person appointed in writing to inspect lifting machines and equipment.	1	
		Written proof of competence of above appointee.	1	
		Cranes & Lifting tackle identified / numbered and on register.	1	
		Inspections:		
		· Tower cranes – after erection – 6 months	1	
Driven machinery Regulations 18 & 19.	Inspection of Lifting equipment, Materials hoist & cranes.	· Lifting tackle (slings, ropes, etc.) – 3 months	1	
		· Material hoist – weekly	1	
		Logbook for each individual crane / hoist.	1	
		Log books / registers up to date and signed off.	1	
Construction Regulation 8(1)(a)	Designation of a Fall Protection Supervisor.	Person with specific knowledge and experience designation to inspect and supervisor all fall protection.	1	
Construction Regulations 8(1)(b)	A Risk assessment of all fall protection areas and conditions	Risk assessment site specific and signed by management of the site.	1	
Construction Regulation 26(1)(a)	Designation of a stacking supervisor.	Person with specific knowledge and experience designated to inspect and supervise all stacking.	1	
Construction Regulations 19 (2) (b) and 19 (3) (b)	Designation of a person to inspect & service Explosive powered Tools. "Competent".	Competent and experienced person to inspect service and declare the tool suitable for use.	1	
		Explosive powered tool identified / numbered / entered into register.	1	
		Equipment inspected monthly.	1	
		Register on site and up to date.	1	

General safety regulations 9	Inspection and use of welding / flame cutting equipment.	Person with specific knowledge and experience designated to inspect Electric arc, gas welding and flame cutting.	1	
		Equipment identified and on register.	1	
		Equipment inspected monthly.	1	
		Register on site and up to date.	1	
Environmental Regulation 9	Development and implementation of Emergency Plan.	Person with specific knowledge and experience designated to coordinate fire prevention and emergency contingency planning and execution.	1	
		All Fire extinguishing equipment identified and on register.	1	
		Inspected weekly.	1	
		Serviced annually.	1	
		Registers on site and up to date.	1	
Section 24 & general admin. Regulation 6 COID act Sect 38, 39 & 41	Reporting of incidents (Dept. of Labour)	Incident reporting procedure	1	
		All incidents in terms of section 24 reported to the provincial director, (DOL) within 3 days. Annexure 1 (WCL 1 or 2).	1	
		Cases of occupational diseases reported.	1	
		Copies of reports available on site.	1	
		Record of first aid injuries kept	1	
General Admin Regulation 8	Investigation and recording of incidents	All injuries which resulted in the person receiving medical treatment other than first aid, recorded and investigated by an investigator designated in writing.	1	
		Copies of reports available on site.	1	
		Remarks by OH&S Committee.	1	
		Action taken by management.	1	
General safety regulation 3	First Aid	Every workplace provided with sufficient number of first aid boxes. (Required for 5 workers or more)	1	
		First aid freely available.	1	
		Equipment as per the list in the OH&S Act.	1	
		One qualified First Aider appointed in writing, where more than 10 employees are employed. One additional first Aider for every 50 employees employed.	1	
		Name of first Aider in charge of the first aid box displayed on the box.	1	
		Location of first aid boxes displayed.	1	
		Signs instructing employees to report all injuries / illnesses including first aid injuries.	1	
Hazardous Chemical substance (HCS)	Control of Storage and Usage of HCS.	Persons with specific knowledge and experience designated to control the storage and use of HCS.	1	
TOTAL			**83**	

2. Education, Training and Promotion			
Section / Regulation	**Requirements**	**Possible**	**Actual**
Company OH&S Policy 7(1)	Policy signed by CEO and published and available to all.	1	
	Policy displayed on employee notice boards.	1	
	Management and employees committed.	1	
Company / Site OH&S rules (Section 13 (a)	Rules published.	1	
	Rules displayed on employees notice boards.	1	
	Rules issued and explained to employees: written proof.	1	
	Follow up to ensure employees understand and adhere to instructions.	1	
Induction and Task Safety Training (Section 13 (a)	All new employees receive safety induction training.	1	
	Training includes task safety instructions.	1	
	Employees acknowledge receipt of training.	1	
	Follow up to ensure employees understand and adhere to instructions.	1	
General OH&S training (Section 13 (a)	All employees receive basic OH&S training: written proof.	1	
	Operators of plant and equipment receive specialized training.	1	
	Follow up to ensure employees understand and adhere to instructions	1	
Occupational Health and Safety Promotion	**INCIDENTS EXPERIENCE BOARDS**		
	No. of hours worked without a compensation claim.	1	
	No. of days worked without a compensation claim.	1	
	Star grading – Board kept up to date.	1	
	Safety posters displayed and changed weekly / monthly.	1	
	Employee Notice board for OH&S Notices.	1	
	Site OH&S Competition.	1	
	Company OH&S Competition.	1	
	Suggestion scheme.	1	
TOTAL		**22**	

3. Public Safety, Security Measures and Emergency Preparedness			
Item	**Requirements**	**Possible**	**Actual**
Notices and Signs	Notices and signs at entrances , along perimeters indicating “No Unauthorized Entry”.	1	
	Notices and signs at entrances instructing visitors and non employees what to do , where to go, where to report on entering the premises with directional signs , e.g. “Visitors to report to Site Office”.	1	
	Notices and signs posted to warn of overhead work and other hazardous activities. E.g. General Warning signs	1	
	Notices and signs posted to warn of overhead work and other hazardous activities. E.g. General Warning signs	1	
Site Safeguard	Nets, Canopies, Stalls to protect members of the public passing entering the premises	1	
Security Measures	Access Control – (gate) visitor register.	1	
	Security patrols after hours and over weekends.	1	
	Sufficient lighting after dark.	1	
	Guard has access to telephone or radio and emergency contact	1	
	numbers and is trained as H&S representative	1	
	Report unsafe acts and conditions observed whilst on duty	1	

Emergency preparedness	Emergency contact numbers strategically positioned near Telephones.	1	
	Emergency evacuation displayed on notice boards and visible to employees.	1	
	Emergency contingency plan available on the premises and visible.	1	
	Doors open outwards and unobstructed.	1	
	Emergency alarm, audible all over, procedure communicated to employees.	1	
Emergency drill & evacuation	Sufficient employees trained in the use of fire fighting appliances.	1	
	Emergency Evacuation Plan available displayed and practiced.	1	
TOTAL		**18**	

4. Personal Protective Equipment and Clothing			
Item	**Requirements**	**Possible**	**Actual**
PPE needs analysis	Need for PPE identified, prescribed in writing and reviewed.	1	
Head Protection	Where prescribed employees, contractors and visitors to wear safety hats.	1	
Foot Protection	Persons required wearing suitable foot protection. Wet work Gum boots, Roof work non slip.	1	
Eye and Face protection	Eye and face protection-goggles, face shields, welding helmets as prescribed.		
	Jack and or kango hammer	1	
	Angle and or bench grinder.	1	
	Electric drill, overhead work into bricks, cement and or concrete.	1	
	Explosive powered tool operations.	1	
	Concrete vibrators and or pokers.	1	
	Hammers & chisels.	1	
	Brazing work, flame cutting and gas welding torches.	1	
	Arc welding.	1	
	Skill, bench saw.	1	
	Spray painting equipment.	1	
Hearing protection	Hearing protectors used when operating the following:		
	Jack / kango hammers.	1	
	Explosive powered tool.	1	
	Wood / aluminium working machines.	1	
	Whilst operating Graders, loaders, etc.	1	
Hand protection	Protective gloves worn by employees handling / using:		
	Cement / Bricks / Steel / Chemicals.	1	
	Welding equipment.	1	
	Hammers & chisels.	1	
	Jack / Kango Hammers.	1	
	Barrier cream available where necessary.	1	
Respiratory protection	Suitable respirators worn by employees handling / using / working:		
	Dry cement.	1	
	Dusty areas.	1	
	Hazardous chemicals.	1	
	Angle grinders.	1	
	Spray painters.	1	

Fall Prevention Equipment	Suitable Fall arrest equipment correctly used by persons working on / in unguarded, elevated positions:		
	Scaffolding.	1	
	Rigging.	1	
	Lift Shafts.	1	
	Edge Work.	1	
	Ring Beam edges.	1	
	Other methods of fall prevention applied, e.g. catch nets, etc.	1	
Protective Clothing	All jobs requiring protective clothing (Overalls, Rain wear, Welding Aprons, etc.) identified and worn.	1	
PPE Issue and control	Identified equipment issued free of charge.	1	
	All PPE maintained in good condition. (Regular checks).	1	
	Workers instructed on proper use and maintenance of PPE.	1	
	Employee acknowledging receipt of and that they will wear or use the PPE provided.	1	
	Record of PPE issued Kept on file.	1	
TOTAL		**39**	

5. Housekeeping			
Item	**Requirements**	**Possible**	**Actual**
Scrap removal system	All items of scrap, unsuitable off-cuts, rubble & redundant material placed in designated areas, removed at least daily from areas.	1	
	Scrap, waste removal from heights by chute, hoist. Nothing thrown or swept over the sides unless controlled and into demarcated area.	1	
	Scrap disposed of in designated containers and areas.	1	
	Removal from site / yard as and when necessary.	1	
Stacking & Storage	Stacking:		
	Stable firm level surface and adequate base.	1	
	Not leaning over or in danger of collapsing.	1	
	Irregular shapes bonded if more than one stacked each to support the other.	1	
	Not exceeding 3× the base.	1	
	Stacks accessible to employees and vehicles.	1	
	Removed from the top and not the sides.	1	
	Storage:		
	Adequate storage areas provided and adequately demarcated.	1	
	Functional e.g. storage areas, racks, bins protected from elements.	1	
	Special areas identified and demarcated for flammable gas, cement, etc.	1	
	Stacked in rows not in danger of collapse and base adequate to carry weight.	1	
	Store and storage areas clear of superfluous material.	1	
	Storage behind buildings or containers controlled.	1	
	Storage areas free from vegetation and refuse / litter.	1	
Waste Control / Reclamation	Off-cuts, re-useable material removed regularly, kept to a minimum in the workplace.	1	
	Re-useable material stacked, stored in demarcated areas. Remove, flatten nails in Timber.	1	
	Issue / return / disposal of hardware controlled and monitored.	1	
Contractors	Demarcated stacking areas acceptable housekeeping standards maintained.	1	
TOTAL		**75**	

6.Tools			
Item	**Requirements**	**Possible**	**Actual**
Hand tools	Shovels, Spades and picks:		
	Handles free of cracks and splinters.	1	
	Handles correctly fitted and secure.	1	
	Working end sharp and square.	1	
	Hammers:		
	Suitable shape for task, adequate size and weight.	1	
	Condition of handles, no pipe with rubber cover or re-inforcing steel.	1	
	Handles free from cracks, adequate grip for use.	1	
	Chisels:		
	No Mushroom heads, head chamfered correct shape.	1	
	Not hardened, not reinforced steel.	1	
	Cutting edge sharp and square.	1	
	Saws:		
	Teeth sharp and set correctly.	1	
	Correct saw used for task.	1	
Explosive powered Tool	Employee trained, certificate on the premises.	1	
	Prescribed warning signs strategically positioned and legible.	1	
	Inspected at least monthly by competent person & results recorded.	1	
	Control and records kept of issue and return of cartridges, cartridges cases and fixings or nails.	1	
	Cleaned daily after use.	1	
TOTAL		**16**	

7. Ladders			
Item	**Requirements**	**Possible**	**Actual**
Physical Condition / Use and storage	Stepladders – hinges, stays, braces and stiles in order.	1	
	Extension ladder – rope, rungs, stiles and safety latch in order.	1	
	Extension and straight ladders secured or tied at the top and or the bottom.	1	
	No joined ladders used.	1	
	All ladders stored off the ground and protected from the elements.	1	
	Ladders protrude 900mm above landing, platforms or roofs.	1	
	Fixed ladders higher than 5m have cages / fall arrest system.	1	
TOTAL		**7**	

8. Electrical safeguarding			
Item	**Requirements**	**Possible**	**Actual**
Electrical Distribution Boards and earth leakage	Correct colour, board numbered and symbolic signs displayed.	1	
	Board accessible and area demarcated.	1	
	Fitted with inside cover plate, unused slots blanked off, no access to exposed live conductors, doors kept closed.	1	
	Switches – circuit breakers identified, functional.	1	
	Earth leakage protection unit fitted, connected and functional.	1	
	Earth leakage unit tested and results recorded.	1	
	Access for portable electric tool cables and extension cables when doors are closed.	1	

Electrical Installations and wiring	Conditions of temporary wiring and extension cord insulation, adequately secured in plugs, no joints.	1	
	Earthing continuity, polarity correct, “Brown is live, Blue is not, Green /Yellow earth the lot” connections adequate.		
	Cables protected from mechanical damage and moisture.	1	
Physical condition of Electrical appliances	Electrical equipment – all items plugged into a 15 Amp outlet socket.	1	
	Insulation and casing in good condition.	1	
	Earth wire connected and intact where not of double insulated design.	1	
	Double insulation mark where no earth wire.	1	
	Cord in good condition / no bare wires / secured to machine and plug.	1	
	Plug in good condition, connected correctly and correct polarity.	1	
TOTAL		**15**	

9. Material Hoist			
Item	**Requirements**	**Possible**	**Actual**
Material Hoist	“Hoist in operation” – sign displayed & strategically positioned.	1	
	General construction adequate and free from visible patent defects.	1	
	Tower:		
	Adequately braced, secured and tied in or tied back.	1	
	Protrude at least 900mm above top landing i.e. over travel.	1	
	Barricaded at least 2100mm high at ground level and each floor.	1	
	Landings provided with gate at least 1800mm high, suitable ramp.	1	
	General requirements:		
	Steel wire ropes adequate strength, condition and means of attachment.	1	
	No person to be transported, notice to be displayed.	1	
	Signal system suitable, being used.	1	
	Items prevented from moving, platform adequate.	1	
	Effective brake capable of holding Max. weight.	1	
TOTAL		**53**	

10. Emergency / Fire prevention and protection			
Item	**Requirements**	**Possible**	**Actual**
Fire extinguisher equipment	Fire risks identified, action taken, reviewed as conditions change.	1	
	Fire extinguishing equipment available and accessible:	1	
	Offices – suitable, sufficient and accessible.	1	
	General stores – suitable, sufficient and accessible.	1	
	Flammable stores – suitable, sufficient and accessible.	1	
	Bulk fuel storage tanks – suitable, strategically positioned and accessible.	1	
	Gas cutting / welding – suitable, strategically positioned and accessible.	1	
	Use and disposal – flammable material – suitable, sufficient and accessible.	1	
Maintenance	Fire equipment serviced annually, monthly visual inspection.	1	
Location and signs	Fire extinguishing equipment:		
	Clearly visible.	1	
	Unobstructed.	1	
	Sign displayed including “No smoking” and “No open Flames” where necessary e.g. Flammable store, gas store, fuel tanks.	1	

Storage issue and control of flammable and gas cylinders.	Storage area provided with flame retardant doors, adequate ventilation, bund walls or means to contain spillages.	1	
	Flammable store good housekeeping, no class A combustibles.	1	
	Decanting of flammable liquids and substances carried out in ignition free area, adequately ventilated area and where applicable container bonding principles applied.	1	
	Only sufficient quantities issued for one day's usage.	1	
	Suitably protected, and isolated gas cylinder store area.	1	
	Gas cylinder stored, used, transported upright and secured in trolley, cradle or structure.	1	
	Types of gas cylinders identified and stored separately.	1	
	Full cylinders stored separately from empty cylinders.	1	
Storage issue and control of hazardous chemicals.	HCS storage principles applied: products segregated.	1	
	Provisions made for leakage or spillage containment.	1	
	Emergency eye wash and showers strategically positioned.	1	
	HCS control by designated person.	1	
	Decanted and issued in containers with relevant information and warning labels.	1	
	Disposal of containment and old HCS by recognized disposal agents.	1	
TOTAL		**26**	

11. Excavation and Demolition			
Item	**Requirements**	**Possible**	**Actual**
Excavations	Adequately shored, braced, and supported, regular inspections.	1	
	Provided with adequate, sufficient means of access and egress.	1	
	Excavation adequately guarded, suitable illuminated, warning notices.	1	
	Excavated material suitable distance away, at lowest side of excavation.	1	
	Adequate ventilation, no accumulation of water, watch man, life line.	1	
TOTAL		**5**	

12. Transport and Material Handling Equipment			
Item	**Requirements**	**Possible**	**Actual**
Site vehicles	All site vehicles – pre ignition check by operator, documented, action taken, signed by supervisor.	1	
	Inventory of vehicles on site, log books and service records.	1	
	Inspected per checklist, findings recorded, record kept on premises.	1	
	Seating for passengers provided, sufficient, suitable.	1	
	Site speed limit displayed, adhered to.	1	
Conveyors	Conveyor belt guarding of nip points, drive and tail pulley.	1	
	Emergence stop accessible, head protruding, trip wire operational.	1	
	Conveyor frame supported, structure protected, adequately secured.	1	
TOTAL		**8**	

13. Site Plant And Machinery			
Item	**Requirements**	**Possible**	**Actual**
Brick cutting machine	Operator trained	1	
	Only authorized persons use machine.	1	
	Emergency stop switch clearly marked and accessible.	1	
	Area around machine dry and slip / trip free / clear of off cuts.	1	
	All moving drive parts guarded / electrical supply cable protected.	1	
	Operators using correct PPE – eye/face/hearing/foot/hands/body	1	

Electric Arc welder	Welder trained	1	
	Only authorized / trained persons use welder.	1	
	Adequately earthed.	1	
	Electrode holder in good condition / safe.	1	
	Cables, clamps and lugs / connectors tight and in good condition.	1	
	Area in which welding machine is used is dry and protected from wet.	1	
	Welder using correct PPE – eye/face/foot/body/respirator.	1	
	Screens & warning signs placed.	1	
Woodworking machines	Operators trained.	1	
	Only authorized persons use machines.	1	
	Provided with guards and guard correctly positioned.	1	
	Anti kick back device fitted.	1	
	Riving knife fitted.	1	
	Operators using and wearing the correct PPE – eye/face/hearing/foot.	1	
Compressors	Relief valves set, locked and sealed.	1	
	Maximum safe working pressure (MSWP) indicated on face of pressure gauge.	1	
	All drives adequately guarded.	1	
	Restraining chains fitted on hose couplings.	1	
	Receiver / lines drained daily.	1	
	Hoses in good condition / clamped no wires.	1	
Batch plant and concrete Mixer.	Top platform provide with guard rails.	1	
	Dust abatement methods in use.	1	
	Operators using correct PPE – eye/hands/respirators.	1	
	All moving drive parts guarded.	1	
	Emergency stops identified / indicated and accessible.	1	
	Area kept clean/dry and free from trip and slip hazards.	1	
Gas cutting and welding.	Only authorized / trained employees use the equipment.	1	
	Torches and gauges in good condition.	1	
	Flashback arrestors fitted at cylinders and gauges (where specified).	1	
	Hoses in good condition / correct type / all connections with clamps.	1	
	Cylinder stored, used transported in upright position, secured in trolley/cradle/to structure.	1	
	Suitable fire extinguisher in close proximity.	1	
TOTAL		**38**	

14. Cranes			
Item	**Requirements**	**Possible**	**Actual**
Tower cranes	Operator trained, certificate of training valid, on the premises.	1	
	Operator to do visual inspection whilst descending the access ladder, record findings, report findings to supervisor.	1	
	Structure – record visible defects, report to supervisor.	1	
	Electrical – cables secured, Db closed, protected, warning notice.	1	
	Crane hook: throat pop marked, safety latch fitted, functional, MML displayed.	1	
	Limit mechanism – over load, over wind, both operational.	1	
	Access ladder – backrest or platform, fall arrest system installed.	1	
	Lifting tackle – condition, identified.	1	

Mobile cranes	Operator trained, certificate valid and on premises.	1	
	Pre-ignition check done, check sheet completed, signed by supervisor.	1	
	Rear view mirrors both fitted condition good.	1	
	Windscreen fitted condition good.	1	
	Windscreen wipers condition, operational.	1	
	Indicators fitted, operational.	1	
	Hooter working.	1	
	Tyres condition, pressure correct.	1	
	Wheel nuts fitted condition of the heads, torque.	1	
	Lights operational – condition, headlights, tail lights.	1	
	Grease nipples fitted, condition, all joints greased.	1	
	No oil leaks.	1	
	Correct slinging techniques used, slings suitable, condition.	1	
	Hydraulic pipes, condition, attachment, no leaks.	1	
	Battery connection, secured, terminals secured, no corrosion.	1	
	Boom condition, no visible damage, report defects.	1	
	Cable sheaves greased no visible damage, or corrosion, report defects.	1	
	Brakes working properly.	1	
	Crane hook: throat pop marked, safety latch fitted, MML displayed.	1	
	By-pass valves fitted, securely mounted, functional, no leaks.	1	
	Deflection chart fitted, condition, visible to operator.	1	
	Outriggers condition, foot plates fitted, used when lifting.	1	
Gantry crane	Operator trained, certificate valid and on premises.	1	
	Condition, adequate capacity, suitably attached.	1	
	Signals: hand signals given by rigger, slingers, observed by operator.	1	
	Warning notices good condition, strategically positioned.	1	
	Logbook kept, up to date, and signed by supervisor.	1	
	Prescribed inspection of crane, lifting tackle, and findings reported.	1	
	“Crane overhead” signage condition, strategically positioned.	1	
	Crane hook: throat pop marked, safety latch fitted, functional.	1	
	MML displayed, condition, load-limiting switches fitted, operational.	1	
TOTAL		**39**	

15. Plant and Storage Yards or site Workshop Specific			
Item	**Requirements**	**Possible**	**Actual**
Section 8(2)(1) General Machinery Regulation 9(1)	Person with specific knowledge and experience designated to supervise the use and maintenance of machinery.	1	
Regulation (2)(7)(a):	Critical items of machinery identified-numbered-placed on register-inventory.	1	
Supervision of the use & Maintenance of Machinery	Subordinate competent person.	1	
	Inspections/maintenance schedules for above mentioned.	1	
	Inspections/maintenance carried out to above schedules.	1	
	Results recorded.	1	
General Machinery Regulation 9(2): Notice re Operating of	Schedule D Notice in work areas	1	

Vessels under pressure regulation 13(1)(b): Supervision of the use and maintenance of vessels under pressure (VUP).	Persons with specific knowledge and experience designated to supervise the use and maintenance of VUP's.	1	
	VUP's identified/numbered/placed on register/manufacturers plate intact.	1	
	Inspection/maintenance schedule for above mentioned.	1	
	Inspection/maintenance carried out to above schedules.	1	
	Results record/test certificate available.	1	
Lock out procedure	Lock out procedure in operation.	1	
Ergonomics	Ergonomics survey conducted – results on record.	1	
	Survey results applied.	1	
Demarcation and colour coding	Demarcation principles applied.	1	
	All services, pipes, electrical installations stop – start controls, emergency controls etc. colour coded to own published or SABS standards.	1	
	Employees trained to identify colour coding.	1	
Portable & Bench Grinders	Area around grinder clear/trip/slip free.	1	
	Bench grinders mounted securely/grinder generally in good condition / no excessive vibration.	1	
	On/off switch/ button clearly demarcated and accessible.	1	
	Adequate guards in place and used.	1	
	Tool rest – secure/square/max. 3mm gap.	1	
	Stone/disk – correct type and size/mounted correctly/dressed.	1	
	Use of eye protection enforced.	1	
Battery storage and Charging	Adequately ventilated, ignition free room/area/no smoking signs.	1	
	Batteries placed on rubber/wooden surface.	1	
	Emergency shower/eye wash provided.	1	
	No acid storage in area.	1	
TOTAL		**29**	

16. Workplace, Environment, Health and Hygiene			
Item	**Requirements**	**Possible**	**Actual**
Lighting	Adequate lighting in places where work is being executed e.g. stairwells and basements	1	
	Light fittings placed / installed causing no irritation / blinding glare.	1	
Ventilation	Adequate ventilation/extraction/exhaustion in hazardous areas e.g.	1	
	chemicals/adhesives/welding/petrol or diesel motors running and in confined spaces/basements.	1	
Noise	Task identified where noise exceeds 85dBa.	1	
	All reasonable steps taken to reduce noise levels at source.	1	
	Hearing protections used where noise levels could not be reduced to below 85dBa.	1	
Heat stress	Measures in place to prevent heat exhaustion in heat stress problem areas e.g. steel decks, when the WBGT index reaches 30 (ER 4).	1	
	Cold drinking water readily available when extreme temperatures are experienced.	1	
Ablutions	Sufficient toilets provided – 1 per 30 employees.	1	
	Toilet paper available.	1	
	Sufficient showers available.	1	
	Facilities for washing hands provided.	1	
	Soap available for washing hands.	1	
	Means of drying hands available.	1	
	Changing facilities/area provided.	1	
	Ablution facilities hygienic and clean.	1	

Eating/cooking Facilities.	Adequate storage facilities provided.	1	
	Weather protected eating area provided, separate from the changing area.	1	
	Refuse bins with lids provided.	1	
	Facilities clean and hygienic.	1	
Pollution of environment	Measures in place to minimize dust generation.	1	
	Accumulation of empty cement pockets, plastic wrappings, bags packing material, etc. prevented.	1	
	Spillage/discarding of oil, chemicals and dieseline into storm water and other drains prevented.	1	
Hazardous Chemical	All substances identified and list available e.g. acids, poisons, etc.	1	
	Material safety data sheets (MSDS's) indicating hazardous properties and emergency procedures in case of incident on file readily available.	1	
	Substances stored safely/segregation principles applied.	1	
TOTAL		**27**	

17. Scaffold, Formwork and or Support work			
Item	**Requirements**	**Possible**	**Actual**
Access – system Scaffolding	Foundation firm and stable, visible	1	
	Adequate bracing – secure, components, fixture.	1	
	Tied back onto structure, no back or forward or sideways movement.	1	
	Platform boards – good condition, sufficient, secured.	1	
	Adequate handrails, correct height, toe boards provided.	1	
	Adequate access ladders, stairway, secured.	1	
	Area under and surrounding clear of material and rubble.	1	
	Appropriate safe/unsafe signs strategically positioned.	1	
	Complying with OH&S regulations and SABS 085 design criteria.	1	
Free standing Scaffolding	Foundation firm and stable, visible	1	
	Adequate bracing – secure, components, fixture.	1	
	Height to base ratio correct.	1	
	Platform boards – good condition, sufficient, secured.	1	
	Adequate handrails, correct height, toe boards provided.	1	
	Adequate access ladders, stairway, secured.	1	
	Area under and surrounding clear of material and rubble.	1	
	Appropriate safe/unsafe signs strategically positioned.	1	
	Outriggers used – tied back into structure, base secure.	1	
	Complying with OH&S regulations and SABS 085 design criteria.	1	
Mobile scaffolding	Foundation firm and stable, visible	1	
	Adequate bracing – secure, components, fixture.	1	
	Height to base ratio correct.	1	
	Platform boards – good condition, sufficient, secured.	1	
	Adequate handrails, correct height, toe boards provided.	1	
	Adequate access ladders, stairway, secured.	1	
	Area under and surrounding clear of material and rubble.	1	
	Appropriate safe/unsafe signs strategically positioned.	1	
	Outriggers used – tied back into structure, base secure.	1	
	Wheels or swivels in good condition.	1	
	Brakes fitted, adequate and functional.	1	
	Complying with OH&S regulations and SABS 085 design criteria.	1	

Suspended Scaffolding	Outriggers adequate, suitable, secured, correctly positioned.	1	
	Adequate steel wire ropes, condition, identified, valid certificates.	1	
	Platform hand rails, correct height, secured.	1	
	Handrails – condition, suitable.	1	
	Winches adequate, cable attachments, brakes suitable, test certificate.	1	
	Scaffolding complies with OHS regulations, SABS 085.	1	
	Electrical controls accessible, functional, condition of cable, protected.	1	
Formwork/Support work	Components – suitable, condition, correctly applied.	1	
	Foundation – adequate, firm, exposed, visible, as level as possible.	1	
	Good cantilever construction, supports, and components, secured.	1	
	Assembly, secured, plumb, square, condition of material.	1	
	Access – adequate, suitable, sufficient and secured.	1	
	Area under surrounding area free of material and rubble, accessible.	1	
	Comply with applicable OHS regulations, SABS, and design criteria.	1	
Special Scaffolding	E.g. Cantilever, jib and truss-out – erected as per design, material adequate condition, and access suitable, sufficient, and substantial.	1	
Edges and openings	Edges barricaded adequately, substantial, visible, correctly positioned.	1	
	Manhole barricading, placement, cover adequate, danger signs visible.	1	
	Floor, landing barricaded, positioning, sufficient, and visible.	1	
	Access – adequate, suitable, sufficient, hand rail.	1	
	Lift shafts barricaded – substantial, position, and height, visible.	1	
TOTAL		**51**	

Comments:

Auditor Signature:		Date:	
Construction Supervisor Signature:		Date:	

OMEGA FIRE AND SECURITY

INCIDENT/ ACCIDENT PROCEDURE/POLICY

	TYPE OF INJURY	ACTION TO BE TAKEN	NOTIFY THE FOLLOWING	DOCUMENTS TO BE COMPLETED
INCIDENT	Any occurrence which has the potential to: Cause harm or danger Cause property damage Cause a major incident Cause environmental damage.	Record down all the details of the incident Secure the area and ensure the area is safe. Switch off and lockout Machinery involved. Ensure that no injury/damage can take place.	Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager	Incident/ Accident Investigation Form Any documentation required by the Client.
FIRST AID CASE	Minor injuries not requiring doctor or hospital treatment Injuries which can be treated on site. Should there be any doubt about the seriousness of the injury, then rather send the injured to a doctor, clinic or hospital.	Injury to be treated by the trained First Aider. Where applicable the injured is to be taken to the doctor, clinic or hospital on for treatment. Ensure that the cause of the injury is addressed.	Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager	First Aid treatment register Incident/ Accident Investigation Form Any documentation required by the Client.
MEDICAL CASE	Any injury which requires medical attention from either a; Doctor Clinic Hospital	Trained First Aider to render assistance. The injured is to be taken to the nearest hospital, doctor, or clinic for treatment. Ensure that the cause of the injury is addressed and that the area or machinery is made safe.	Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager Site Clerk/ Head Office	First Aid treatment register Employers Report of Accident Form (WCL2) Investigation Form (Annexure 1) Incident/ Accident Investigation Form Any documentation required by the Client.
REPORTABLE INJURY / INCIDENT	Any of the following injuries; Fractures or Amputations, Temporary or Permanent Disablement, Unconsciousness / Asphyxiation, Severe injury and likely to die, Booked off work >14 days. Any of the following incidents; Machinery Fracturing or Failing, Machinery running out of control, Uncontrolled release of a dangerous substances, Uncontrolled release of a substance under pressure, Any Major Hazardous Incident.	Trained First Aider to render assistance. If neck or back injuries are suspected then the injured is to be stabilized while an Ambulance is called. If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident. If possible the injured is to be taken to the nearest hospital, doctor, or clinic. Do not disturb the scene of the accident unless for further rescue purposes. Take photographs of the scene and note down names of eyewitness.	Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager Site Clerk/ Head Office Regional Labour Dept who need to be notified within 7 working days. Client or Client's Representative	First Aid treatment register Employers Report of Accident Form (WCL2) Investigation Form (Annexure 1) Incident/ Accident Investigation Form Any documentation required by the Client
FATAL INCIDENT	Any incident which results in the death of any employee or other person affected by the construction operations.	If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident. Cover the body and do not disturb the scene of the incident unless for further rescue purposes or to ensure that the area is made safe. Take photographs of the scene and note down names of eyewitness. Do not make any statements to any media or person. Statements should only be made to the Police and Labour Departments.	Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager Site Clerk/ Head Office Regional Labour Dept. Client or Client's Representative	Employers Report of Accident Form (WCL2) Investigation Form (Annexure 1) Incident/ Accident Investigation Form Any documentation required by the Client

CEO SIGNATURE:_____

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF INCIDENT/ ACCIDENT TRAINING

DATE: _____
TOPIC: _____
PRESENTER: _____

I HEREBY CONFIRM THAT THE ABOVE INCIDENT/ ACCIDENT PROCED
WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONT

NAME	ID NUMBER

Presenter Signature:_____

PROCEDURE/POLICY

URE/POLICY WAS DISCUSSED
ENTS.

SIGNATURE

INCIDENT/ ACCIDENT INVESTIGATION

CONTRACT:	
INCIDENT DETAIL:	
DATE OF INCIDENT:	

CHECKLIST

Attachments	Yes	No
Annexure 1		
WCL 2		
Statements		
Sketches		
Photographs		
Proof of Induction Training		
Proof of Toolbox Talks		
Risk Assessments		
Proof of Risk Assessment Training		
Appointment/s		
Certificate/s of Competency		
Medical Certificates of Fitness		
Inspections		
Toolbox Talk- Incident Recall		
Other-		
Other-		
Other-		
Other-		
Other-		

CONTRACT NAME	
AREA LOCATION	
CONTRACT DIRECTOR	
CONTRACT MANAGER	
CONSTRUCTION SUPERVISOR	
INCIDENT DETAILS	
DATE	
TIME	
LOCATION OF INCIDENT	
NO. OF WORKMAN INVOLVED	
WITNESSES	
DAMAGE TO PLANT / MATERIAL	
INJURED DETAILS	
NAME	
ID NUMBER	
COMPANY NUMBER	
OCCUPATION	
PERIOD ON CONTRACT	
LENGTH OF EXPERIENCE	
UNDERGONE SAFETY INDUCTION	
TRAINING RECORDS	
INJURIES SUSTAINED	
EXPECTED PERIOD OF DISABLEMENT	
DETAILS OF EMPLOYER	
COMPANY	
SCOPE OF WORK	
MANDATORY AGREEMENT IN PLACE	
APP. CONSTRUCTION WORK SUPERVISOR	
GENERAL INFORMATION	
RISK ASSESSMENT IN PLACE	
POLICE NOTIFIED	
LOCAL AUTHORITIES NOTIFIED (INSPECTOR)	
COMPENSATION INJURY CLAIM NUMBER	
STATEMENTS TAKEN	
PHOTOGRAPHS TAKEN	

DESCRIPTION OF INCIDENT

INITIAL FINDINGS

DIRECT CAUSE

SKETCH

CONTRIBUTING FACTORS

CORRECTIVE ACTION TO BE TAKEN

INVESTIGATOR

SAFETY OFFICER

SAFETY REPRESENTATIVE

SAFETY COMMITTEE CHAIRPERSON

CONSTRUCTION SUPERVISOR

CEO

STATEMENT

(Questions to ask when taking a statement WHAT, HOW, WHEN, WHERE AND WHY?)

I, _____ ID no _____
and who reside at *(physical address),* _____
_____
and an employed by *(name of company)* _____
as a *(occupation)* _____ , hereby state the following
that on *(date)* _____ at approximately *(time)* _____
an incident took place on *(contract/place)* _____
, and the details are as follows :

STATEMENT CONTINUED

STATEMENT CONTINUED

FULL NAME	SIGNATURE	DATE
STATEMENT TAKEN BY	SIGNATURE	DATE
NAME OF TRANSLATOR	SIGNATURE	DATE
NAME OF WITNESS	SIGNATURE	DATE

Annexure 1

OCCUPATIONAL HEALTH AND SAFETY ACT,1993
(ACT NO 85 OF 1993)

REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS
RECORDING AND INVESTIGATION OF ACCIDENTS

A. RECORDING OF ACCIDENT

1 Name of employer: _____

2 Workman's Compensation No: _____ Commissioner's reference number: _____

3 Postal adress: _____ Code: _____

4 Address where accident occurred: _____

5 Main or principle activity of employer: _____

6 Name of affected person: _____

7 Identity number of affected person: _____

8 Date of accident: _____

9 Time of accident: _____

10 Part of body affected

Head or neck	Eye	Trunk	Finger	Hand
Arm	Foot	Leg	Internal	Multiple

11 Affect on person

	Sprains or strains	Contusion or wounds	Fractures	Burns	Amputation
None	Electric Shock	Asphyxiation	Unconsciousness	Poisoning	Occupational Disease

12 Expected period of disablement

0 – 13 days	2 – 4 weeks	>4 – 16 weeks	>16 – 52 weeks	>52 weeks or perm disablement	Killed

13 Description of occupational disease: _____

14 Machine / process involved / type of work performed / exposure**: _____

15 Was the accident reported to the Compensation Commissioner and the Provincial Director?

Y	N

16 Was the accident reported to the police?*

Y	N

17 SAPS office and reference: _____

18 Investigating Officer's name and contact number: _____

B. INVESTIGATION OF THE ABOVE ACCIDENT BY A PERSON DESIGNATED THERETO

1 Name of investigator: _____

2 Date of investigation: _____

3 Designation of investigator: _____

4 Short description of accident: _____

5 Suspected cause of accident: _____

6 Recommended steps to prevent a recurrence: _____

_____ *Signature of investigator*

_____ *Date*

REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS
RECORDING AND INVESTIGATION OF ACCIDENTS

C. ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR ACCIDENT

Signature of employer *Date*

D. REMARKS BY HEALTH AND SAFETY COMMITTEE

Signature of Chairman of Health and Safety Committee *Date*

EMPLOYER'S REPORT OF AN ACCIDENT

(WCL. 2)

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,1993

Section 6(A)(b) - Annexure 13

(For official use only)

Claim No…….

DIRECTIONS FOR COMPLETING OF FORM BY EMPLOYER

This form must be completed;

1) Whenever an employee meets with an accident arising out of and in the course of his/her employment resulting in a personal injury for which medical treatment is required, or death.
2) Whenever an employee reports any personal injury to his/her employer, if in making the report the employee alleges that such an injury arose out of and in the course of his/her employment.

(Where the accident have caused death, unconsciousness or amputation or where the injured employee is presumed unable to work for a period of at least 14 days, the Provincial Executive Manager of Labour must also be notified by telephone or fax, without delay)

Step 1 Complete "Part A", page 1 of the form by giving full details, sign and date the form where indicated.

Step 2 Detach "Part B" (an automatic copy of "Part A, page 1) by tearing it at the perforation, hand "Part B" to the employee and request him/her to hand it to the medical practitioner/chiropractor or the hospital concerned. In serious cases "Part B" must be forwarded to the medical practitioner/chiropractor or the hospital without delay.

Step 3 Complete "Part A", page 2 of the form giving full details.

Step 4 Forward the completed report of an accident together with the First Medical Report (W.CL.4) (if available) to:

THE COMPENSATION COMMISSIONER
COMPENSATION HOUSE
CNR. SOUTPANSBERG AND HAMILTON ROAD
PO BOX 955
PRETORIA
0001

TELEPHONE: (012) 319-9111
(012) 323-8627
(012) 325-6686
(012) 326-7889
(012) 323-6986

Tollfree 0800 005392/3
e-mail info@wcomp.gov.za
Website http;//www.wcomp.gov.za

NB:

1) Complete a separate form in respect of each injured employee.
2) This form must not be delayed in expectation of the employee resuming employment or awaiting medical reports.
3) An employer who fails to report any accident within 7 days to the Compensation Commissioner on this form, shall be guilty of an offence in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 and may be held liable for the full amount of compensation payable in respect of such accidents.
4) An employer who fails to report accidents that have caused death, unconsciousness or amputation or cases where the injured employee is presumed unable to work for a period of at least fourteen days to the Provincial Executive Manager of Labour by telephone or fax, shall be guilty of an offence in terms of the Occupational Health and Safety Act 1993.
5) Use the appropriate form for the reporting of occupational diseases. (W.CL.1).
6) If an injured employee should leave your employ, please keep record of the address where he/she can be reached so that monies which may be payable to him/her from the Compensation fund, can be sent to him/her with your assistance.

EMPLOYER:

EMPLOYEE: **DATE OF ACCIDENT:**

FURTHER PARTICULARS OF THE EMPLOYEE

42. Earnings of employee at the time of accident:
Attach copy of pay slip as at time of accident:

	R / WEEK	R / MONTH
Gross cash earnings: (Including average payments for overtime and/or commission of a constant character)		
Allowances of a recurrent nature:		
a) Bonuses (i.e. 13th cheque)		
b) Other allowances (specify nature)		
Cash value of:		
Free food		
Free quarters		
Other payment in kind (specify nature)		

43. In terms of section 47 of the Act an employer is obliged to pay the employee full compensation for the first three months of absence.

44. Are you prepared to make further compensation payments after the first three months from date of accident?

Yes	No

45. If you have already paid cash to the employee, state the total amount R

46. For what period were such payment made? From To

47. Number of days/hours worked by the employee

48. Date on which the employee ceased work 49. Time

50. Did the employee complete the shift on the day that he ceased to work | Yes | No |

51. Date on which the employee resumed work 52. Time

If the employee will be off duty for an extended period, an interim Resumption Report (W.Cl.6) must be submitted monthly.

53. If the employee was killed in the accident, state name and address of dependant of the employee.

FURTHER PARTICULARS

54. Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars

55. Was first aid given in this case? | Yes | No |

56. If a medical practitioner/chiropractor treated the employee, state his name

57. If the employee received treatment at a hospital, state name of hospital

58. Was the accident caused by the employee's: a) Deliberate non - compliance with directions? | Yes | No |

b) Reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents? | Yes | No |

c) Action while under the influence of liquor or drugs? | Yes | No |

(N.B. If any reply is in the affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon)

59. Name and address of anybody: a) Who witnessed the accident

b) Who was aware of the accident at the time

60. How many other employees were injured in the same accident?

61. If the accident was investigated by the SA Police Services, state the name of the Police station and docket number applicable

62. If motor vehicles were involved, furnish the registration number/s

ANY ADDITIONAL DETAILS CAN BE SUPPLIED ON PART A PAGE 3

EMPLOYER'S REPORT OF AN ACCIDENT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,1993

Section 6(A)(b) - Annexure 13

Instructions:

Complete this form in block letters and mark appropriate areas (X)

(WCL. 2)

PART A PAGE 1

(For official use only)

Claim No……

DECLARATION BY EMPLOYER OR AUTHORIZED PERSON

I hereby declare that the particulars, shown in items 1 to 62 of this report, of an alleged injury on duty, are to the best of my knowledge and belief true and accurate.

Signed on this day of year **Signature**

EMPLOYER

1. Registered name with the Compensation Commissioner .
2. Registration number of this business with the Compensation Commissioner
3. Contact person
4. Street address
5. Postal code
6. Postal address
7. Postal code
8. Tel. No.

9.1 Fax No
9.2 e-mail address
10. Situation of business/farm:
11. Nature of business, trade or industry

EMPLOYEE (CERTIFIED COPY OF IDENTITY DOCUMENT TO BE ATTACHED)

12. Is the injured employee a | working director | working member of a CC | owner of | partner in the business | not applicable |
13. Surname
14. First names
15. ID No.
16. Date of birth
17. Sex | Male | Female |
18. Marital state | Married | Single |
19. Citizen of
20. Personnel No
21. Occupation
22. Street address
23. Postal code
24. Postal address
25. Postal code
26. Tel No
27. Period in your employ (years/months)
28. Expected period of disablement (days) | 0-13 Days | 14 or more |

ACCIDENT

29. Date of accident
30. Time
31. Place of accident
32. District
33. Date employee reported accident
34. Time
35. What task was the employee performing at the time of the accident?
36. Period of experience in the task performed (Years/months)
37. Was his action at the time of the accident in connection with your trade or business? | Yes | No |
    (If "no" state reasons on reverse side of Part A Page 3)
38. Short description of how the accident occurred. (**ALSO** mark the applicable items on the reverse side of Part A Page 3 and use the same for a full description).

    (Refer to the machine/process involved, whether the injured person fell or was struck and all the factors contributing to the accident)
39. Was the accident a traffic accident on a public road? | Yes | No |
40. Nature of injury sustained. (e.g. index finger of right hand crushed)

    Mark any of the following when applicable: | Killed | Amputation | Unconsciousness |
41. Are you satisfied that the employee was injured in the manner alleged by him? | Yes | No |
    (If "no" state reasons on reverse side of Part A Page 3)

PART A PAGE 2 MUST ALSO BE COMPLETED, PLEASE.

EMPLOYER:

EMPLOYEE: **Date of accident:**

38. Continuation of point 35 of the previous page. Contributing factors/causes applicable. (Mark the applicable item/s at A and B).

A)

Defective plant	
Defective machine	
Unfavourable conditions of work	
Fault of employer	
Fault of injured employee	
Fault of supervisor	

B)

Railway	
Building work	
Electricity	
Chemicals	
Poisoning	
Burns	

C)

Explosions	
Rotating machine	
Press/Rollers	
Woodworking machine	
Lifting machine	
Hand Tools	

Other machinery (Specify)

Any other contributing factors, not mentioned above. (Specify)

The rest of this page may be used for any additional details or comments regarding the accident

EMPLOYER'S REPORT OF AN ACCIDENT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,1993

Section 6(A)(b) - Annexure 13

Instructions:

Complete this form in block letters and mark appropriate areas (X)

(WCL. 2)

PART B PAGE 1

(For official use only)

Claim No……

DECLARATION BY EMPLOYER OR AUTHORIZED PERSON

I hereby declare that the particulars, shown in items 1 to 62 of this report, of an alleged injury on duty, are to the best of my knowledge and belief true and accurate.

Signed on this day of year **Signature**

EMPLOYER

1. Registered name with the Compensation Commissioner .
2. Registration number of this business with the Compensation Commissioner
3. Contact person
4. Street address
5. Postal code
6. Postal address
7. Postal code
8. Tel. No.

9.1 Fax No
9.2 e-mail address
10. Situation of business/farm:
11. Nature of business, trade or industry

EMPLOYEE (CERTIFIED COPY OF IDENTITY DOCUMENT TO BE ATTACHED)

12. Is the injured employee a | working director | working member of a CC | owner of | partner in the business | not applicable |
13. Surname
14. First names
15. ID No.
16. Date of birth
17. Sex | Male | Female |
18. Marital state | Married | Single |
19. Citizen of
20. Personnel No
21. Occupation
22. Street address
23. Postal code
24. Postal address
25. Postal code
26. Tel No
27. Period in your employ (years/months)
28. Expected period of disablement (days) | 0-13 Days | 14 or more |

ACCIDENT

29. Date of accident
30. Time
31. Place of accident
32. District
33. Date employee reported accident
34. Time
35. What task was the employee performing at the time of the accident?
36. Period of experience in the task performed (Years/months)
37. Was his action at the time of the accident in connection with your trade or business? | Yes | No |
    (If "no" state reasons on reverse side of Part A Page 3)
38. Short description of how the accident occurred. (**ALSO** mark the applicable items on the reverse side of Part A Page 3 and use the same for a full description).

    (Refer to the machine/process involved, whether the injured person fell or was struck and all the factors contributing to the accident)
39. Was the accident a traffic accident on a public road? | Yes | No |
40. Nature of injury sustained. (e.g. index finger of right hand crushed)

    Mark any of the following when applicable: | Killed | Amputation | Unconsciousness |
41. Are you satisfied that the employee was injured in the manner alleged by him? | Yes | No |
    (If "no" state reasons on reverse side of Part A Page 3)

Instructions for medical practitioner/chiropractor or hospital on reverse side

EMPLOYER:

EMPLOYEE: **DATE OF ACCIDENT:**

FURTHER PARTICULARS OF THE EMPLOYEE

42. Earnings of employee at the time of accident:
Attach copy of pay slip as at time of accident:

	R / WEEK	R / MONTH
Gross cash earnings: (Including average payments for overtime and/or commission of a constant character)		
Allowances of a recurrent nature:		
a) Bonuses (i.e. 13th cheque)		
b) Other allowances (specify nature)		
Cash value of:		
Free food		
Free quarters		
Other payment in kind (specify nature)		

43. In terms of section 47 of the Act an employer is obliged to pay the employee full compensation for the first three months of absence.

44. Are you prepared to make further compensation payments after the first three months from date of accident?

Yes	No

45. If you have already paid cash to the employee, state the total amount R

46. For what period were such payment made? From To

47. Number of days/hours worked by the employee

48. Date on which the employee ceased work 49. Time

50. Did the employee complete the shift on the day that he ceased to work | Yes | No |

51. Date on which the employee resumed work 52. Time

If the employee will be off duty for an extended period, an interim Resumption Report (W.Cl.6) must be submitted monthly.

53. If the employee was killed in the accident, state name and address of dependant of the employee.

FURTHER PARTICULARS

54. Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars

55. Was first aid given in this case? | Yes | No |

56. If a medical practitioner/chiropractor treated the employee, state his name

57. If the employee received treatment at a hospital, state name of hospital

58. Was the accident caused by the employee's: a) Deliberate non - compliance with directions? | Yes | No |

b) Reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents? | Yes | No |

c) Action while under the influence of liquor or drugs? | Yes | No |

(N.B. If any reply is in the affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon)

59. Name and address of anybody: a) Who witnessed the accident

b) Who was aware of the accident at the time

60. How many other employees were injured in the same accident?

61. If the accident was investigated by the SA Police Services, state the name of the Police station and docket number applicable

62. If motor vehicles were involved, furnish the registration number/s

ANY ADDITIONAL DETAILS CAN BE SUPPLIED ON PART A PAGE 3

EMERGENCY PLAN

FIRST AID CASE

Record down all the details of the incident
Secure the area and ensure the area is safe.
Switch off and lockout Machinery involved.
Ensure that no injury/damage can take place.

In case of a first aid case the following people will be notified:

Immediate Supervisor:
Safety Office:
Health and Safety Representative:
Site Agent / Manager:

MEDICAL CASE

Trained First Aider to render assistance.
The injured is to be taken to the nearest hospital, doctor, or clinic for treatment.
Ensure that the cause of the injury is addressed and that the area or machinery is made safe.

In case of a first aid case the following people will be notified:

Docter: Immediate
Supervisor:
Safety Officer:
Health and Safety Representative:
Site Agent / Manager:

REPORTABLE INJURY / INCIDENT

Trained First Aider to render assistance.
If neck or back injuries are suspected then the injured is to be stabilised while an Ambulance is called.
If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident.
If possible the injured is to be taken to the nearest hospital, doctor, or clinic.
Do not disturb the scene of the accident unless for further rescue purposes.
Take photographs of the scene and note down names of eyewitness.

In case of a first aid case the following people will be notified:

Immediate Supervisor:
Safety Officer:
Health and Safety Representative:
Site Agent / Manager:
Regional Labour Dept who need to be notified within 7 working days.
Client or Clients's Representative:

FATAL INCIDENTS

If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident.
Cover the body and do not disturb the scene of the incident unless for further rescue purposes or to ensure that the area is made safe.
Take photographs of the scene and note down names of eyewitness.
Do not make any statements to any media or person. Statements should only be made to the Police and Labour Departments.

In case of a first aid case the following people will be notified:

Immediate Supervisor:
Safety Officer:
Health and Safety Representative:
Site Agent / Manager:
Regional Labour Dept who need to be notified within 7 working days.
Client or Clients's Representative:

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF EMERGENCY PLAN TRAINING

DATE:
TOPIC: EMRGENCY PLAN
PRESENTER:

I HEREBY CONFIRM THAT THE ABOVE EMERGENCY PLAN WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

Name	ID Number	Signature

Presenter Signature:_____

EMERGENCY EVACUATION PROCEDURE

IN THE EVENT OF A LIFE THREATENING SITUATION
E.g. BOMB SCARE, FIRE, FLOOD, EXPLOSION, TRENCH OR BUILDING COLLAPSE

1 REMAIN CALM - DO NOT PANIC - DO NOT RUN.

2 RAISE THE ALARM - INFORM THE EVACUATION OFFICER, SAFETY OFFICER OR SITE AGENT / MANAGER.

3 THE EVACUATION OFFICER / SITE MANAGER / SAFETY OFFICER WILL CONTACT EMERGENCY SERVICES.

4 OPERATORS AND DRIVERS MUST SWITCH OFF ALL EQUIPMENT AND MACHINERY.

5 LIFTING EQUIPMENT OPERATORS MUST LOWER ALL LOADS TO GROUND LEVEL.

6 WORKERS MUST CLIMB OFF ALL SCAFFOLDS USING THE ACCESS PROVIDED.

7 WORKERS MUST CLIMB OUT OF ALL EXCAVATIONS USING THE ACCESS PROVIDED.

8 DO NOT LOCK OFFICES, CONTAINERS OR MAIN STORES.

9 EVACUATE AND LEAVE THE AREA OR BUILDING IMMEDIATELY.

10 TO PREVENT FALLING, WOMAN SHOULD TAKE OFF HIGH HEEL SHOES.

11 GO STRAIGHT TO THE ASSEMBLY POINT LOCATED AT

12 DO NOT MOVE FROM THE ASSEMBLY POINT UNLESS INSTRUCTED TO DO SO BY THE EVACUATION OFFICER OR MOST SENIOR PERSON AVAILABLE.

13 REPORT ALL MISSING PERSONS TO YOUR FOREMAN OR TO THE MOST SENIOR PERSON AVAILABLE.

14 DO NOT GO BACK TO LOOK FOR PEOPLE UNLESS INSTRUCTED TO BY THE EVACUATION OFFICER.

DUTIES: **EVACUATION OFFICER**

1 CONTACT EMERGENCY SERVICES AND GIVE RELEVANT DETAILS TO THEM

2 ENSURE THAT ALL PERSONNEL ARE EVACUATED OUT OF THE AREAS

3 ASSESS THE SITUATION AND CONDUCT AND ORGANIZE A SEARCH AND RESCUE TEAM OR FIRE FIGHTING TEAM

4 REPORT PROGRESS TO CEO/ MANAGER/ CONSTRUCTION SUPERVISOR

5 EVACUATE THE RESCUE TEAMS IF THE SITUATION BECOMES UNSTABLE

6 MAY DESIGNATE ANY TASK TO A SUITABLE PERSON UNDER THE CIRCUMSTANCES

DUTIES: **SUPERVISOR**

1 WILL TAKE OVER DUTIES OF EVACUATION OFFICER IF HE IS UNAVAILABLE

2 WILL TAKE ROLL CALL OF ALL PEOPLE AT THE ASSEMBLY POINT TO ESTABLISH IF SOMEONE IS MISSING

3 WILL FORMALLY HAND OVER TO THE EMERGENCY SERVICES ON THEIR ARRIVAL AND WILL LIAISE WITH ALL RESCUE AND MEDIA GROUPS.

4 MAY DESIGNATE ANY TASK TO A SUITABLE PERSON UNDER THE CIRCUMSTANCES

DUTIES: **SAFETY OFFICER**

1 WILL ASSIST THE EVACUATION OFFICER

2 WILL TAKE OVER THE DUTIES OF THE SUPERVISOR IF HE IS UNAVAILABLE

3 MAY DESIGNATE ANY TASK TO A SUITABLE PERSON UNDER THE CIRCUMSTANCES

4 WILL DESIGNATE A PERSON TO GO TO THE NEAREST ROAD TO FLAG DOWN THE EMERGENCY SERVICES

EVACUATION OFFICER	**CONTACT NO.**
SUPERVISOR	**CONTACT NO.**
SAFETY OFFICER	**CONTACT NO.**

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF EMERGENCY PLAN TRAINING

DATE:

TOPIC: EMRGENCY EVACUATION PROCEDURE

PRESENTER:

I HEREBY CONFIRM THAT THE ABOVE EMRGENCY EVACUATION PROCEDURE WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

Name	ID Number	Signature

Presenter Signature:_____

OMEGA FIRE AND SECURITY

EMERGENCY CONTACT NUMBERS

	AMBULANCE	
	FIRE DEPARTMENT	
	POLICE	
	HOSPITAL / CLINIC	
	ELECTRICITY DEPARTMENT	
	WATER AND SEWERAGE	
	LABOUR DEPARTMENT	
CEO		
ENGINEER		
CLIENT / AGENT		
CONSTRUCTION SUPERVISOR		
SUBORDINATE CONSTRUCTION SUPERVISOR		
SAFETY OFFICER		
SAFETY REPRESENTATIVE		
SAFETY REPRESENTATIVE		
FIRST AIDER		
FIRST AIDER		
OTHER		

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EMERGENCY DIAGRAM

OMEGA FIRE AND SECURITY

LIST OF FIRST AIDERS AND SAFETY REPRESENTATIVES

FIRST AIDERS		
NAME	SECTION	TELEPHONE

SAFETY REPRESENTATIVES		
NAME	SECTION	TELEPHONE

FALL PROTECTION PLAN

Contract Name: _____ Date: _____
Fall Protection Supervisor: _____ Review Date: _____

Important Notes

1	Each contract to review the fall protection plan and to amend the plan according to the requirements on the contract.
2	Each contract to indicate whether the SITE ACTIVITY is relevant to that contract or not (tick YES or NO block).
4	The fall protection plan must be implemented and must be made available to inspectors on request.
5	All workers working in elevated positions must be medically and psychologically fit to work.
6	Workers will not be allowed to work in any elevated positions during inclement weather conditions.
7	Safety Belts (chain or rope) are only used to prevent workers from going near drop off edges and are not recognized as a fall arrest system.
8	A Safety Harness must have a double lanyard with a shock absorber attached.
9	Fall protection PPE must be attached to a secure structure, if this is not possible then a secured lifeline is to be installed.
10	All fall protection PPE must be inspected monthly onto a register by the appointed person.
11	All workers issued with fall protection PPE must undergo training in the correct use of such PPE.
12	Workers receiving PPE must sign for the equipment along with signing acknowledgement of the training and risk assessments.
13	Contractors conducting work in elevated positions must provide a suitable fall protection plan, risk assessment and proof of training of their workers.

APPLICABLE	SITE ACTIVITY		PREVENTATIVE MEASURES	RESPONSIBLE PERSON/S	TRAINING
YES	WORK AREAS	Possible tripping and falling onto the same level in work areas.	1. Maintain good housekeeping principles at all times. 2. Stacking of material to be controlled in demarcated areas. 3. Excess material on site to be continually removed. 4. Building rubble to be continually removed. 5. Housekeeping along with stacking to be monitored daily by all area supervisors.	1. Area work supervisor. 2. Appointed Stacking and Storage Supervisor. 3. Safety Officer 4. Safety Representatives	1. Items to be covered in general induction.

YES	OPEN HOLES	Open manholes, duct openings and other open holes where workers may fall through.	1. Demarcation with wire and danger tape (zigzag). 2. General warning signs to be placed in prominent areas. 3. Open holes in public areas must have a physical barrier of 1m high, warning signs and warning lights at night. 4. Where barricades are not possible then open holes must be covered with a cover plate or board which must be secured and able to take the weight of 200kg.	1. Area work supervisor. 2. Safety Officer 3. Safety Representatives	1. Items to be covered in general induction with all employees.
YES	STAIRCASES	This refers to temporary and permanent staircases found on site where workers may trip & fall.	1. Staircases with 3 or more landings must have handrails on both sides. 2. Staircases must have secure and safe landings where workers can rest. 3. Temporary staircases must be erected according to manufacturing specifications and must be suitable for the task at hand. 4. Workers may not carry material up or down single route temporary staircases (only small tools). 5. The sides of temporary staircases must be sufficiently closed off to prevent workers and material falling though.	1. Area work supervisor. 2. Safety Officer 3. Safety Representatives	1. Items to be covered in general induction with all employees.
YES	LIFT SHAFTS	Lift shafts remain open during the construction phase posing various risks of falls of both workers and material.	1. All lift shaft openings must be have a physical barrier across the opening and at two levels – 500mm and 1000mm (not danger tape alone) 2. Barriers across the openings must be sufficiently secured and strong enough to prevent a person falling through. 3. Contractors working in the shafts must be instructed to replace barricades when removed. 4. Rubble and material must be kept away from all lift shaft openings.	1. Area work supervisor. 2. Safety Officer 3. Safety Representatives	1. Items to be covered in general induction with all employees.

YES	DROP OFF EDGES	Areas such as slab edges, floor edges and concrete decks under construction.	1. All drop off areas on any level must have a physical barricade strong enough to prevent a worker from moving over the edge. (not danger tape alone) 2. Handrails must be erected around all decking levels and must be placed after the decking panels have been put in place (prior to reinforcing activities). 3. Edge barricading must be maintained daily and replaced immediately after work is carried out in the area. 4. If the edge cannot be barricaded then workers in the area must have a safety belt (chain or rope type) attached to a secure structure or system, to prevent them from going to close to the edge.	1. Area work supervisor. 2. Safety Officer 3. Safety Representatives	1. Items to be covered in general induction. 2. Items contained in the risk assessment to be addressed with relevant workers.
			5. Workers that work on or over the edge must have a full body harness (double lanyard with shock absorber) attached to a secure structure or system, to prevent them from falling and to reduce the effect of a fall. 6. Signs warning workers of drop off areas must be posted in prominent areas.		
YES	ACCESS SCAFFOLDING	Access scaffolding utilized by various trades.	1. Working areas to be fully boarded creating a safe platform which is secured to the scaffold structure. 2. Safe access (ladder / staircase) to be provided to the working platform. 3. Platform to have handrails all around (900mm) except on the working face. 4. Platform to have knee rail and toe boards present when material is placed on the platform boards. 5. If the platform has no handrails then workers must have a safety belt (chain or rope type) attached to a secure structure or system, to prevent them from going to close to the edge. 6. Workers that work over the platform edge must have a full body harness (double lanyard with shock absorber) attached to a secure structure or system, to prevent them from falling and to reduce the effect of a fall. 7. Scaffold structures to be inspected weekly and after inclement weather by the appointed person.	1. Area work supervisor. 2. Appointed Scaffold Supervisor 3. Safety Officer 4. Safety Representatives	1. Items to be covered in general induction. 2. Items contained in the risk assessment to be addressed with relevant workers.

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF FALL PROTECTION PLAN TALK TRAINING

DATE: _____
TOPIC: _____
PRESENTER: _____

I HEREBY CONFIRM THAT THE ABOVE FALL PROTECTION PLAN WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

NAME	ID NUMBER	SIGNATURE

Presenter Signature:_____

OCCUPATIONAL HEALTH AND SAFETY MEETING MINUTES

SITE _____

DATE _____

MEETING NUMBER _____

PRESENT / APOLOGIES

WELCOME

PREVIOUS MINUTES	ACTION BY	DATE

INCIDENTS / ACCIDENTS	ACTION BY	DATE

HEALTH AND SAFETY REPRESENTATIVE REPORTS	ACTION BY	DATE

AUDIT REPORTS/ SITE CONDITIONS	ACTION BY	DATE

DOCUMENTATION TO BE REVIEWED	ACTION BY	DATE

GENERAL	ACTION BY	DATE

NEXT MEETING

COMMITTEE CHAIRPERSON DATE

CONSTRUCTION SUPERVISOR DATE

HEALTH AND SAFETY REPRESENTATIVE DATE

HEALTH AND SAFETY MEETING ATTENDANCE REGISTER

DATE	NAME	DESIGNATION	SIGNATURE

LOCKOUT PROCEDURE

1 Purpose and Scope

The purpose of this procedure is to establish a standard routine to be applied for locking out switches or any other energy sources while installation, maintenance, repairs and construction are in progress on electrical driven motors, gearboxes, plugs, vehicles and any other type of equipment that may have a source of energy that might damage equipment or injure people if the source has not been rendered safe before work on the equipment commences.

2 Responsibility

The Construction Supervisor with the assistance of the Supervisor/ Foreman is responsible to implement and maintain this procedure once it has been approved by the client.

3 The Standard

a. Machines and motorized vehicles are isolated and re-started according to the lock-out procedure described below.
b. A testing procedure to test if equipment is at zero potential is used.
c. Locks, keys and other locking mechanisms are numbered and controlled.
d. Do not start and "Do not open" cards are used when maintenance is performed on motorized vehicles.
e. Personnel will be trained to understand the lock-out procedure.

4 Lock-out Procedures

a.

b. The spare keys will be in the possession of the Construction Supervisor and be kept in a safe place under lock and key, and will once again only be issued to a competent person upon signature stating the purpose of this request.

c. To lock-out the equipment and/or machinery the employee intends to work on, the employee will obtain the lock-out kit from the store upon which he will fit the mechanism to the switch and lock it out and attach the danger tag to the lock.
d. Before commencement of any work the equipment and/or machinery must be tested to ensure that it is in a zero mechanical/electrical state.
e. The employee shall keep the key to the lock at all times until completion of work.
f. Should work be carried out on a gearbox, shaft, etc, the power supply to the motor must be disconnected at the motor itself after the switch has been locked out. The artisan who will carry out the work on the gearbox, shaft, etc. will attach his lock to the lock-out mechanism as will and will only remove his lock once his work is completed.
g. After completion of work, make sure that all parts, guards, etc. have been replaced, securely tightened and all tools are removed. Before the lock-out kits are removed make sure that there is nobody in close proximity of the machinery on which the work was carried out.
h. Test machinery for effective functioning. Immediately return the lock-out kit to the store. The responsible person must sign to acknowledge that he has received the kit.
i. Should work be carried out on any equipment were energy or substances may be released, the equipment must be tested to ensure it is under no pressure (compressed air, hazardous chemicals, gasses, hydraulic fluid etc.).

OMEGA FIRE AND SECURITY

LIST OF PLANT / MACHINERY/ VEHICLES ON SITE

Plant/ Machine/ Vehicle ID/ Registration Number	Description	Company/ Owner	On site/ Hired	Off site/ Off hire

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LIST OF CONTRACTORS ON SITE

	Company Name	COID	Description of Work	Contact Person	Telephone Number	Foreman	Telephone Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

OMEGA FIRE AND SECURITY

LIST OF HAZARDOUS CHEMICAL SUBSTANCES ON SITE

	Chemical	Product Name	Use / Application	MSDS Number	Date Issued	Signature of Recipient	Signature of Issuer
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

COMPANY SHE RULES

1 Always follow instructions from your supervisor- do not take chances.

2 Always report unsafe acts or conditions directly to your supervisor or Safety Representative.

3 Always use the protective equipment and clothing issued to you.

4 Report all injuries before the end of your shift, no matter how minor they may be.

5 Do not fool around while working- practical jokes can be dangerous.

6 Do not drink alcohol or use drugs at work and do not report to work intoxicated.

7 No dangerous weapons are allowed in any work area.

8 No physical assault, fighting or intimidation is allowed in any work area.

9 Do not use plant or machinery if you are not authorized to do so.

10 Report all defects on tools, equipment and machinery to your supervisor.

11 Always use the right tools, machinery or equipment for the job.

12 Never take short cuts, always use the access provided.

13 Obey all safety signs and notices.

14 Return all safety equipment back to the person who issued it to you.

15 Keep your work area clean, neat and tidy- a tidy project is a safe project.

16 Never misuse, abuse or alter safety devices on plant machinery or equipment.

17 Never lift heavy objects alone-rather ask someone to assist you. Use lifting equipment if necessary.

18 Keep electrical tools and equipment away from water and do not use them in wet conditions.

19 Do not throw tools, equipment or materials from any height.

20 All edges and openings must be barricaded. Do not tamper with or remove barricading without permission.

21 Do not pollute or damage the environment- use the facilities provided for you.

22 Stay alert, follow the rules and protect yourself, other workers and visitors from accidents

23 If you are unsure about your safety then ask your supervisor.

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF INDUCTION TRAINING

Date	Name and Surname	ID Number	Signature

TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	LADDERS	**SITE:**
PRESENTED BY:		

Ladders are generally used by both main contractor and subcontractors on site. Not all ladders are safe and of sound construction.

Before using the ladder check the ladder using the following checklist.

CHECKLIST

1. Unsafe condition?
2. Steps to loose?
3. Steps damaged?
4. Uprights damaged?
5. Non-skid feet?
6. Unstable joints?
7. Damaged hinges?
8. Loose screw/bolts?
9. Bars damaged?
10. Free from cracks/splinters?
11. Extension lock defective?
12. Retraction rope defective?
13. Wooden ladder free from paint?
14. Comply with GSR13A?

IS THE LADDER IN THE POSTER UNSAFE?

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF TOOLBOX TALK TRAINING

DATE:
TOPIC:
PRESENTER:

I HEREBY CONFIRM THAT THE ABOVE TOOLBOX TALK WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

NAME	ID NUMBER	SIGNATURE

Presenter Signature:_____

TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**HAND TOOLS**	**SITE:**
PRESENTED BY:		

Do we check all hand tools before using them on a daily basis?

What are hand tools?

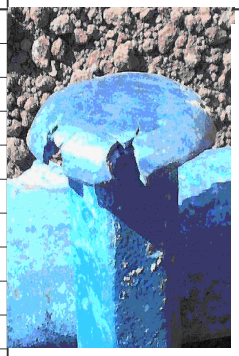
1. Chisels
2. Hand planers
3. Hand saws
4. Pliers
5. Screw drivers
6. Hammers
7. Wire cutters
8. Side cutters

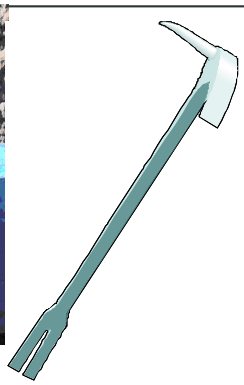
Do you know what to check on hand tools to ensure your safety?

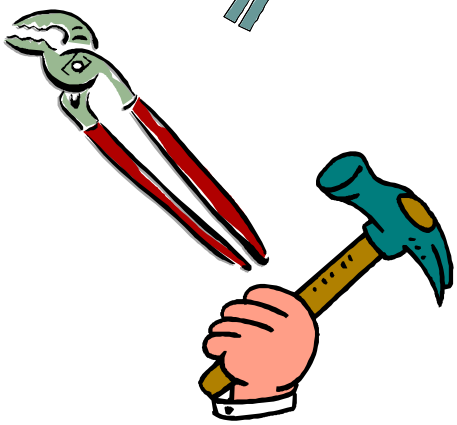
CHECKLIST

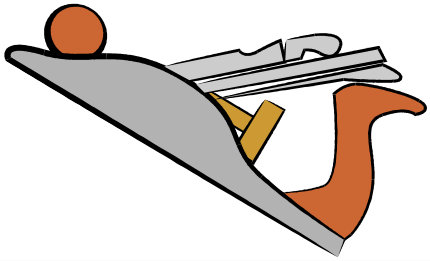
1. BLUNTING?
2. MUSHROOMING/ SPLIT HEADS?
3. HANDLES? (NO MAKESHIFT)
4. RIGHT TOOL/ RIGHT JOB?
5. PPE?
6. WEAR AND TEAR?

What is safe in these pictures and what is not?









OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF TOOLBOX TALK TRAINING

DATE: _____

TOPIC: _____

PRESENTER: _____

I HEREBY CONFIRM THAT THE ABOVE TOOLBOX TALK WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

NAME	ID NUMBER	SIGNATURE

Presenter Signature:_____

OMEGA FIRE AND SECURITY

TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**SAFE ACCESS**	**SITE:**
PRESENTED BY:		

Are you using similar accesses on site or are you using the correct safe access?

Has the site created a safe access for you to reach your workplace?

Do you know what a safe access is?

WHAT IS WRONG IN THE PICTURE?

CHECKLIST

1. Is the stepping area constructed of sound material?
2. Are job made ladders being used?
3. Are suitable hand rails provided?
4. Has the ramp, access been chocked to prevent sliding and slipping?
5. Have you informed your employer or safety representative- of the unsafe condition?
6. Have all possible tripping hazards been removed from the path?

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF TOOLBOX TALK TRAINING

DATE: _____
TOPIC: _____
PRESENTER: _____

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NAME	ID NUMBER	SIGNATURE

TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**SAFE ACCESS AND HOUSEKEEPING**	**SITE:**
PRESENTED BY:		

Do any areas on your site look like the photo?

What are you dong to improve the housekeeping on your site?

What tripping hazards can you identify in your work-areas?

SAFE ACCESS TO YOUR WORK AREA IS IMPORTANT-NT AND THE AREA MUST BE KEPT CLEAR OF ALL OBSTRUCTIONS WHICH COULD CAUSE INJURY!!

Points to consider

1. Are excess materials being cleared from the access areas?
2. Are main access areas being demarcated and protected.
3. Are the correct access systems being used?
4. Is the site providing a waste management / control removal system?
5. How often do you clear your work area of rubble?
6. Who is responsible to clean your area of responsibility?

AVOID THE TRIPPING HAZARDS. THINK SAFETY.

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF TOOLBOX TALK TRAINING

DATE: _____
TOPIC: _____
PRESENTER: _____

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NAME	ID NUMBER	SIGNATURE

OMEGA FIRE AND SECURITY

TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**EXCAVATIONS**	**SITE:**
PRESENTED BY:		

OPEN EXCAVATIONS!!!

HOW DO I PROTECT EXCAVATIONS?

SOLID BARRIERS

POST VISIBLE WARNING SIGNS

EMERGENCY LIGHT AFTER HOURS

REMOVE SOIL HEAPS FROM EDGES

BRACE / SUPPORT WALLS

WHAT IS A SAFE ACCESS TO AN EXCAVATION?

A LADDER

POINTS TO NOTE:

1. **PLACE WATCHMAN FOR HIGH RISK OPERATIONS**
2. **USE LIFE LINES WHERE NECESSARY**
3. **INDUCT WORKERS IN THE SAFE WORKING METHOD**
4. **INSPECT EXCAVATIONS IN ACCORDANCE WITH LEGISLATION**
5. **APPOINT A COMPETENT PERSON TO INSPECT**
6. **NO MACHINERY WORKING CLOSE TO EDGE WHILST WORKER BUSY IN EXCAVATION**
7. **BE VIGILANT WHEN HIGH RAINFALL COULD DE-STABILIZE THE WALL SIDES**
8. **IS THERE AN EMERGENCY EVACUATION PLAN**

OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF TOOLBOX TALK TRAINING

DATE: _____
TOPIC: _____
PRESENTER: _____

I HEREBY CONFIRM THAT THE ABOVE TOOLBOX TALK WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

NAME	ID NUMBER	SIGNATURE

OMEGA FIRE AND SECURITY

TOOLBOX TALK

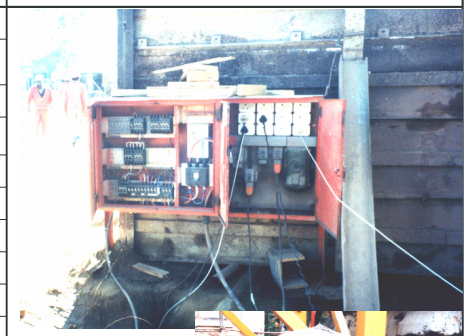
TALK NO:		**DATE:**
SUBJECT:	**ELECTRICAL SAFETY AND HOUSEKEEPING**	**SITE:**
PRESENTED BY:		

SITE ELECTRICAL SAFETY!

POINTS TO CONSIDER!!

1.KEEP AREA AROUND ELECTRICAL BOARD CLEAR
2.NO UNSAFE CONDITIONS
3. NO EXPOSED WIRES
4. EARTH LEAKAGE, IS IT FITTED AND WORKING
5. ARE FACE PLATES FITTED?
6. CAN THE BOARD BE LOCKED OUT?
7. WHAT FIRE HAZARDS EXIST?
8. ARE DANGER WARNING SIGNS POSTED?
9. IS THE BOARD PROPERLY LOCATED / INSTALLED?
10. NO WET CONDITIONS?
11. CABLE ENTRY DONE CORRECTLY
12. ARE CIRCUIT BREAKERS WORKING?
13. ARE TRIP SWITCHES CHECKED?
14. PLUGS AND SOCKETS IN A SAFE CONDITION
15. ARE CORDS INSULATION IN GOOD CONDITION
16.CORDS ENTER THROUGH THE BASE?
17.CHECK ALL CABLES LEADING TO PLANT

DOES THIS BOARD COMPLY AND DO THE BOARDS ON YOUR SITE COMPLY?



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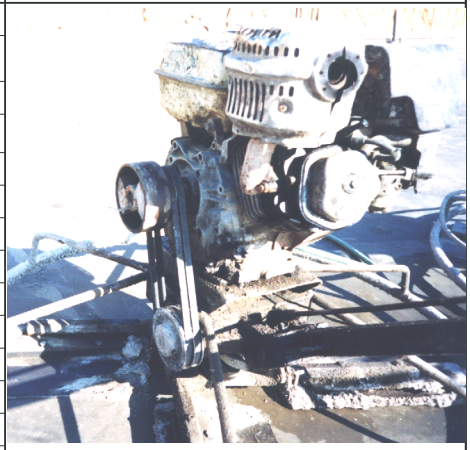
TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**MACHINE GUARDING**	**SITE:**
PRESENTED BY:		

WHAT IS WRONG IN THIS PICTURE?



Discussion

When it comes to plant and equipment whether motorized or not, we ask the question:

"Are all moving parts adequately guarded?"

All to often, motors such as the motor seen in this picture, are found unsafe. In this case, no pulley cover is found leaving an open unprotected shaft and moving parts.

If the yard sends a motor to site that looks like this send it back.

If a hired motor arrives on site looking like this send it back.

INSPECT THE EQUIPMENT FOR SAFETY

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TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**RISK WORK**	**SITE:**
PRESENTED BY:		

WHAT RISKS CAN YOU IDENTIFY?

POINTS TO PONDER

1. Where are the safety belts/harnesses?
2. Where is the edge barricading at the top of the embankment?
3. Where is the ladder access?
4. Where is the bracing against the embankment?
5. Where is the watchman for high risk activity?

When ding any risk work, all possible risks need to be identified so as to ensure that all possible precautions can be taken.

Do you think adequate precautions have been taken here?

A safe system of work needs to be cultured.

THINK AND WORK SAFELY

DON'T TAKE SHORTCUTS, DON'T TAKE CHANCES.

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TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**ROOF WORK**	**SITE:**
PRESENTED BY:		

WHY DON'T WE USE HARNESSES ?

As can be seen in this photo, roof work being done with no safety harnesses being used.

All work where the risk of falling is present, fall protection must be provided and used.

WHAT ABOUT SUBBIES?

As the main contractor, you enter into an agreement with the subcontractor, however, it will still be expected of the site to enforce the use of the fall protection even if they are subbies.

WHAT CAN YOU DO ?

It would be expected of you as an employee, when work of this nature is conducted on site and the persons are not using fall protection, that you report the transgression to your site management or safety representative so the persons at risk can be warned of the danger.

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TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**SAFE SCAFFOLDS**	**SITE:**
PRESENTED BY:		

WHAT ARE SAFE SCAFFOLDS ?

Safe scaffolds are scaffolds which provide a safe working platform upon which various activities can be conducted.

WHAT DO I NEED TO DO ?

Ensure all platforms have sufficient hook-on boards.
Ensure toe boards are placed to prevent materials falling to the level below.
Ensure the scaffold is provided with adequate access steps to the working levels.
Is the structure secured? (I.e. if shaken does the scaffold move)

These would be quick checks on the scaffold. If you were to climb on a scaffold which you felt was unsafe, then you should report this to your foreman so that the trained person on site could verify it's safety and correct the faults.

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TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	**WORKING PLATFORMS**	**SITE:**
PRESENTED BY:		

HAVE YOU SEEN THIS BEFORE?

HAVE YOU DONE THE SAME ?

It is important to note that a working platform used for whatever purpose needs to be constructed of proper and sound material.

Platforms need to be made to ensure material needed to complete the task at hand can be safely stored on the working platform without posing a tripping risk or falling risk.

Remember, you do not need to fall far to sustain an injury.

Let's get rid of the drums and put a proper platform on which work can be conducted.

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TOOLBOX TALK

SUBJECT:	HOUSEKEEPING AND SUBCONTRACTORS	SITE:
PRESENTED BY:		

IS THIS YOUR SITE?

DO YOUR SUBBIES LEAVE THIS BEHIND ?

WHAT TO DO?

1. Make sure the subbie and your brick layers know that this housekeeping won't be tolerated.

2. Ensure that the site housekeeping standards are discussed with all persons.

3. Ensure that excesses of materials and wastes are removed regularly. (Daily)

4. This is unsightly and increases the risk of tripping and material falling onto workers feet.

5. Ensure subbies scaffolds are erected properly.

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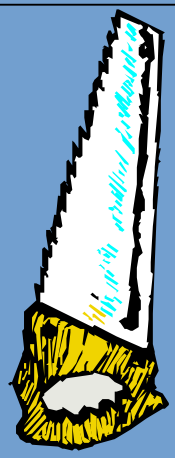
OMEGA FIRE AND SECURITY

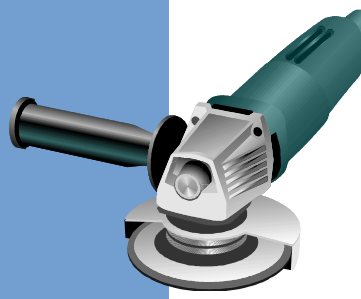
TOOLBOX TALK

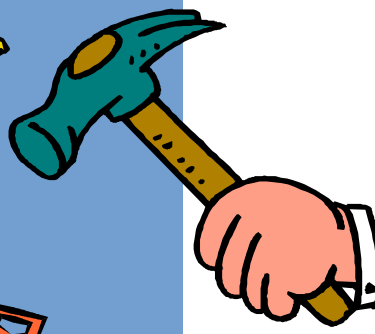
TALK NO:		**DATE:**	
SUBJECT:	Hand tool accidents	**SITE:**	
PRESENTED BY:			

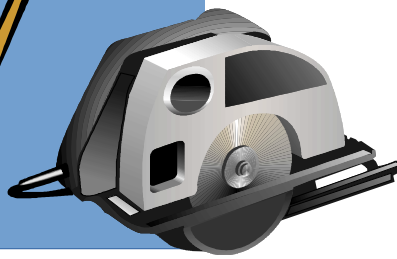
Hand tools cause approximately 10% of all accidents on site. These are the five main causes:

1. **Using the wrong tool for the job** – e.g. using a screwdriver as a chisel.
2. **Using tools in poor condition** – e.g. mushroom head chisels and damaged electrical cables.
3. **Using tools the wrong way** – not grounding power tools, or placing equipment into a vise to secure item before working.
4. **Keeping tools in unsafe areas** – e.g. leaving them overhead where they can fall, carrying sharp tools in pockets.
5. **Using homemade tools not designed for the job** – e.g. Reinforcing bars for chisels.









STEPS TO PREVENT HAND TOOL ACCIDENTS

1. Select the proper tool for the job ensuring it's in good working condition.
2. Use factory designed and manufactured tools.
3. Sharp or pointed tools should not be carried in the pocket, unless a safety sheath protects blades or sharp points.
4. Use the tool correctly.
5. Keep tools in good repair. Broken tools

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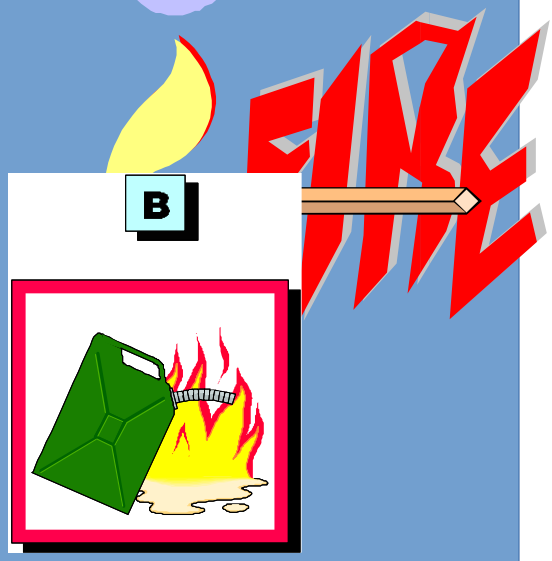
OMEGA FIRE AND SECURITY

TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	Fire Prevention and control	**SITE:**	
PRESENTED BY:			

FIRE PREVENTION AND CONTROL

1. **Combustible materials** – Keep all heat sources away from combustible liquids, gases, and flammable material. Store in ventilated cool place.
2. **Fire extinguishers** – Do not remove or tamper with the extinguisher.
3. **Fire fighting equipment access** – Keep clear access to fire equipment. No stacking and storage near the equipment.
4. **Oily rags and waste** – Store these in a metal container daily after use.
5. **Welding** – Welding and cutting work to be planned to avoid starting fires. Have extinguisher readily available.
6. **Heating equipment** – Keep portable heating equipment away from flammable liquids and gases.
7. **Smoking and fires** – Extinguish before discarding. Avoid smoking during re-fuelling of equipment.
8. **Motorized equipment** – Motorized equipment should be fitted with extinguishers and should be checked at the start of the shift.
9. **Inspect before burning** – Inspect the area before commencing burning or welding to ensure sparks can't ignite flammables.
10. **Lighting torches** – Do not use lighters or matches to ignite gas torches. Spark igniters must be used. Ensure gas bottles stand away from the hot work being conducted. Ensure flame cannot reach the cylinders.



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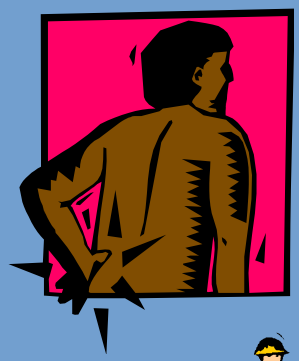
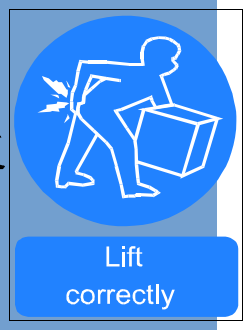
OMEGA FIRE AND SECURITY

TALK NO:		**DATE:**	
SUBJECT:	Lifting materials by hand	**SITE:**	
PRESENTED BY:			

HOW DO I LIFT EQUIPMENT SAFELY WITHOUT INJURYING MY BACK?

1. Stoop and bend the knees.
2. Keep your back straight.
3. Lift using the leg muscles.
4. Push upward with the load.
5. If the load is on a table, slide the load to the edge until you can get a firm grip under the load, and then proceed to lift as above.
6. If the load requires two or more persons to lift, then ensure the load is lifted on one side first and then the other, Ensure someone gives the command to lift so the lift occurs simultaneously.
7. Where it is practical to use a trolley, do so as it will safe guard against unnecessary injury.
8. Ensure you do not try lift objects which are too heavy, call for assistance.





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TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	Safe loading	**SITE:**	
PRESENTED BY:			

HOW DO I LOAD TRANSPORT AND EQUIPMENT SAFELY TO ENSURE SAFETY OF ROAD USERS?

1. Ensure the load being loaded is secured properly.
2. Ensure that the vehicle into which the load is being loaded is suitable for the task at hand.
3. Don’t load equipment with an overhang on the left and right of the vehicle.
4. Make sure the visibility to the rear can be maintained through either the rear view mirror or the side mirrors.
5. Equipment with marginal overhang must be tagged with a visible red flag to ensure adequate visibility to other road users.

DON’T DO AS OTHERS DO!!!

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OMEGA FIRE AND SECURITY

TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	Hazardous substances	**SITE:**	
PRESENTED BY:			

DO YOU KNOW WHAT HAZARDOUS AND FLAMMABLE SUBSTANCES ARE BEING USED ON YOUR SITE?

Examples of Hazardous Substances:

- Epoxy
- Tile adhesive
- Cement
- Petrol and diesel

Remember!!!!!

1. Read the label and know the safety precautions.
2. Know the fire precautions.
3. Know what first aid precautions must be taken if inhaled, swallowed, exposure to skin or eyes.
4. Make sure the store is well ventilated.
5. Make sure the warning signs are posted no smoking and no open flame.
6. Make sure the HAZCHEM data sheets are in the store and available at the first aid station.
7. Make sure the first aid attendant knows what treatment is necessary for each hazardous substance in use on site.

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TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	First Aid	**SITE:**	
PRESENTED BY:			

POINTS TO CONSIDER!

1. Only qualified First Aiders to provide treatment to injured persons on site.
2. Obtain first aid for every injury no matter how small.
3. Notify your supervisor of all injuries.
4. Notify your supervisor before leaving the site.
5. After receiving outside medical treatment, report to your site supervisor immediately upon your return to site.
6. If you are using prescription drugs, these must be brought to the attention of site management as some drugs have a narcotic affect on a person.
7. Never move a seriously injured person unless it is necessary to prevent further serious injury.
8. If it is necessary to redress an injury, report to the first aider for this.
9. Personal hygiene is extremely important. Wash and dry the skin thoroughly to prevent rashes, irritations and infections.
10. Personal protective equipment is important and can prevent serious injury. Use your PPE.

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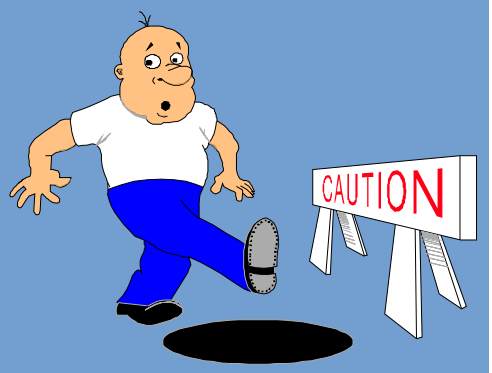
TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	Risk Assessment	**SITE:**	
PRESENTED BY:			

What is Risk assessment?

Everyday whilst working on site we are exposed to hazards.
Everyday when at home we are exposed to risk.
When using public transport we are exposed to risk.

Risk is that thing (activity, job, process) which has the potential to cause injury or accident.



How do I avoid risk?

1. First you need to look at the work, and type of tasks that you are to perform.

2. Second, take the task and arrange them in order of Highest to lowest risk.

3. Third, take these tasks and break them up into task steps. (How the job is done step-by-step)

4. Identify the potential risk associated with each step.

5. Create an action plan to manage those risks, which could be change the process, training, induction, protect.

Risk needs to be managed?
Risk needs to be identified and reported and corrected?

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TOOLBOX TALK

TALK NO:		**DATE:**
SUBJECT:	Job Made Ladders	**SITE:**
PRESENTED BY:		

It is recommended that job made ladders are avoided.
JOB MADE LADDERS are risks because they are not always constructed in accordance with the SABS standard and therefore pose a risk to the user.

The general checklist for a ladder is as follows:

CHECKLIST

1. Unsafe condition?
2. Steps to loose?
3. Steps damaged?
4. Uprights damaged?
5. Non-skid feet?
6. Unstable joints?
7. Damaged hinges?
8. Loose screw/bolts?
9. Bars damaged?
10. Free from cracks/splinters?
11. Extension lock defective?
12. Retraction rope defective?
13. Wooden ladder free from paint?
14. Comply with GSR13A?

IS THE LADDER IN THE POSTER UNSAFE?

Does your job made ladder comply with the above requirements set out in the checklist?

DOES YOUR JOB MADE LADDER LOOK LIKE THIS?

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TOOLBOX TALK

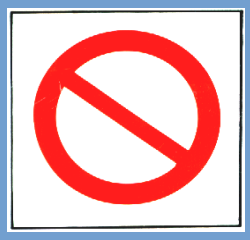
TALK NO:		**DATE:**	
SUBJECT:	Safety signs	**SITE:**	
PRESENTED BY:			

What are the four types of signs found?

WARNING

Shape: Triangular
Colour: Black border, yellow centre
Pictogram: black

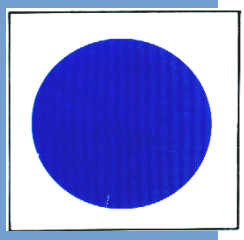
PROHIBITORY (don't)



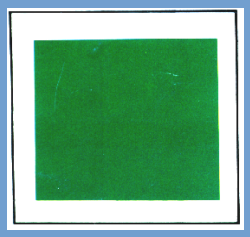
Shape: Circular (annular or disc)
Colour: White and red borderline and oblique diametral line
Pictogram: Black

MANDATORY (do)

Shape: Circular (disc)
Colour: Blue
Pictogram: White



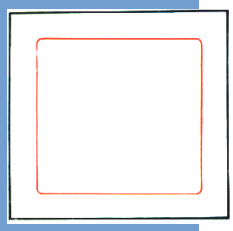
INFORMATION GENERAL



Shape: Square
Colour: Green
Pictogram: White

INFORMATION FIRE FIGHTING

Shape: Square
Colour: White with red borderline
Pictogram: Red



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OMEGA FIRE AND SECURITY

TOOLBOX TALK

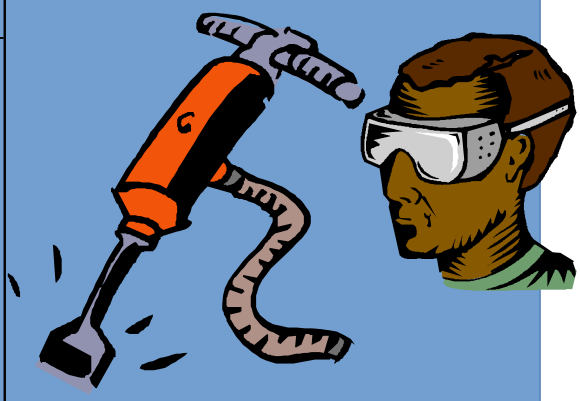
TALK NO:		**DATE:**	
SUBJECT:	Use of compressed air	**SITE:**	
PRESENTED BY:			

Compressed air

When on a construction site, all too often you will find a compressor in use. The compressor in construction today could be used for breaking purposes when doing demolition, which will require the use of a standard paving breaker, or as it is commonly known as a jack hammer.

We also find that this compressed air can be used on our batching plants for the purpose of keeping the ports at the base of the silo free from clogging cement.

Perhaps the most common use is the blowing of the slab after it has been prepared for pouting concrete.

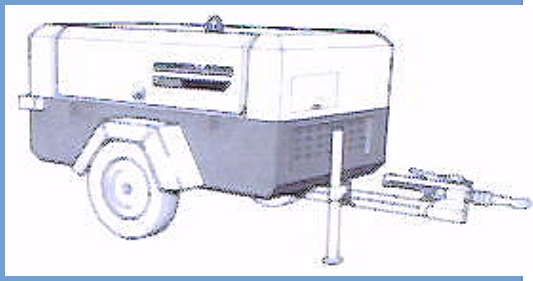


What is it not used for?

Compressed air should not be used to blow overalls clean at the end of a working shift so that all the dust can be cleared.

Remember!!

1. **Always use protective eye and ear wear when using compressed air.**
2. **Always ensure all fittings and connections are secure.**
3. **Ensure that the emergency stop is working or that you know how to switch off the compressor in an emergency.**
4. **Ensure all couplings have rubber washers to prevent air leaks.**



OMEGA FIRE AND SECURITY

ACKNOWLEDGEMENT OF TOOLBOX TALK TRAINING

DATE: _____

TOPIC: _____

PRESENTER: _____

I HEREBY CONFIRM THAT THE ABOVE TOOLBOX TALK WAS DISCUSSED WITH AND EXPLAINED TO ME, AND THAT I UNDERSTOOD THE CONTENTS.

NAME	ID NUMBER	SIGNATURE

Presenter Signature:_____

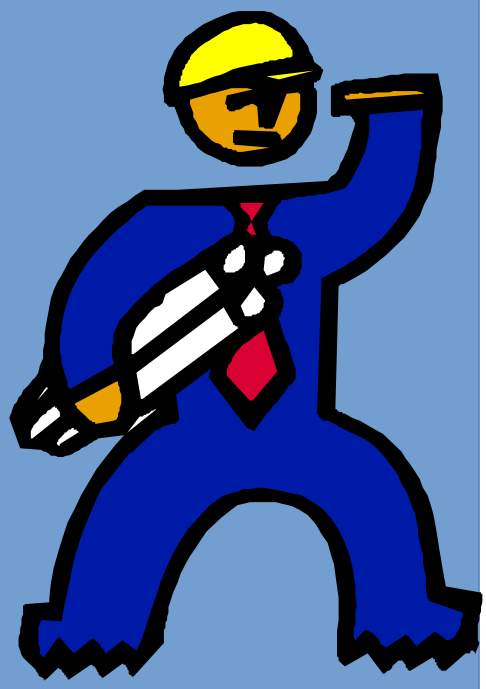
OMEGA FIRE AND SECURITY

TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	Functions of safety representatives	**SITE:**	
PRESENTED BY:			

DUTIES ARE:

1. Review the effectiveness of health and safety measures.
2. Identify potential hazards, major incidents at work.
3. Assist employer in establishing the cause of incidents at work.
4. Investigate employee complaints regarding health and safety at the work place.
5. Make representation to the employer, safety committee or inspector of items 1-4 above.
6. Make representation to the employer in general with regard to health and safety in the workplace.
7. Inspect the work place at agreed intervals.
8. Participate with and accompany an inspector during their inspections.
9. Receive info from inspectors with respect to any requests they may have submitted to him.
10. They are members of and may attend the health and safety committee meetings.



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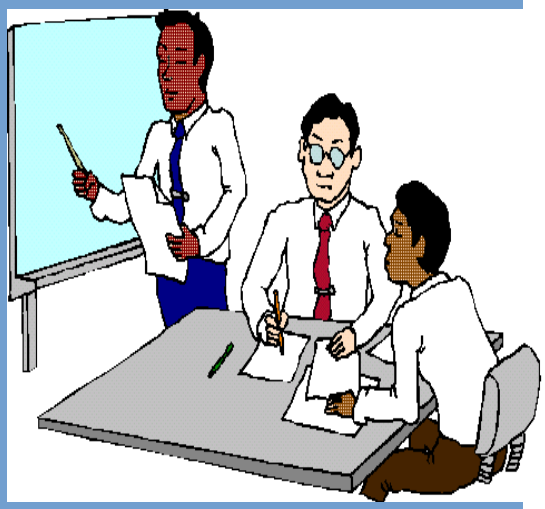
OMEGA FIRE AND SECURITY

TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	Safety Committees	**SITE:**	
PRESENTED BY:			

DETAILS: SECTION 19

1. Establish where more than 2 Health and safety rep's are present.
2. If only one safety committee, then all safety rep's are members.
3. If two or more committees, then safety rep to be member of at least one.
4. Employer nominated committee members may not exceed the number of safety rep's on the committee.
5. Members nominated must be designated in writing.
6. Meetings are to be held at least once every three months, or as an inspector may direct. (GB / Monthly)
7. Meeting procedure to be determined by the committee.
8. Committee may co-opt members to the committee. Co-opted members have no vote.
9. An inspector may instruct a company to establish more than one committee.



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OMEGA FIRE AND SECURITY

TOOLBOX TALK

TALK NO:		**DATE:**	
SUBJECT:	General Duties of employees at work	**SITE:**	
PRESENTED BY:			

DETAILS: SECTION 14

1. Take all reasonable care of his own health and safety or others may be affected by his actions.
2. Co-operate with his employer to ensure that the act is complied with.
3. Carry out any lawful, health or safety instructions given to him by his employer.
4. If he is aware of anything unsafe or unhealthy in the work place he must report it as soon as possible to his employer or health and safety representative.
5. If he is involved in an incident, he must report it as soon as possible, depending on the circumstances, or at least by the end of the shift.

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