



Occupational Health and Safety Act, No. 85 of 1993

### **APPOINTMENT AS FIRST AIDER**

I, \_\_\_\_\_, representing \_\_\_\_\_, by the powers invested in me to appoint persons in terms of the Occupational Health and Safety Act, and in terms of General Safety Regulation 3 to the Act, hereby appoint you, \_\_\_\_\_ as First Aider.

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

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

\_\_\_\_\_, at \_\_\_\_\_

Your duties will include but not limited to;

- 1 Ensure that all company procedures regarding first aid along with the applicable legislative requirements and any specific client requirements are implemented and adhered to.
- 2 Provide prompt first aid treatment in the cases of injury and emergency.
- 3 Ensure that the first aid box is maintained and that first aid equipment is ordered when required.
- 4 Ensure that only first aid equipment is stored in the first aid box.
- 5 Ensure that all first aid signs are prominently displayed.
- 6 Ensure that the names of all first aiders are prominently displayed near the first aid box.
- 7 Ensure that copies of all first aid training certificates are displayed and kept on site.
- 8 Report all first aid cases to the respective supervisor and to the site Safety Officer.
- 9 Ensure that all first aid treatment is recorded onto the first aid treatment register.
- 10 Ensure that the first aid box is inspected monthly and that the findings are recorded onto a register.

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

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

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

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

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

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

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Signature of Appointor

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Signature of Appointee

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Date

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Date

# ABBREVIATED CV

<b>Name:</b> _____	<b>Surname:</b> _____
<b>Address:</b> _____	<b>Qualifications:</b> _____
_____	_____
_____	_____
_____	_____
_____	_____
<b>I.D Number:</b> _____	_____
<b>Number of years in industry:</b> _____	_____

<u>Year</u>	<u>Time Period</u>	<u>Contract</u>	<u>Company</u>	<u>Position</u>

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

<b>Signature:</b> _____	<b>Date:</b> _____
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