



Occupational Health and Safety Act, No. 85 of 1993

### **APPOINTMENT AS ELECTRICAL EQUIPMENT INSPECTOR**

I, \_\_\_\_\_, representing \_\_\_\_\_, by the powers invested in me to appoint persons in terms of the Occupational Health and Safety Act, and in terms of Construction Regulation 24(c) to the Act, hereby appoint you, \_\_\_\_\_ as Electrical Equipment Inspector.

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 \_\_\_\_\_

You are hereby appointed to take control of all temporary installations, for the above construction project, and without detracting from this, as per Regulation 22, your duties will include the following:

- 1 Before the construction commences and during the progress thereof, ensure adequate steps are taken to ascertain the presence of and guard against danger to workers from any electrical cable or apparatus which is under, over or on the site;
- 2 Ensure all parts of electrical installations and machinery are the adequate strength to withstand the working conditions on construction sites;
- 3 In working areas where the exact location of underground electric power lines is unknown, ensure employees using jackhammers, shovels or other hand tools which may make contact with a power line, are provided with insulated protective gloves or otherwise that the handle
- 4 Ensure all temporary electrical installations are inspected at least once a week by competent persons, and that records of these inspections are recorded in a register kept on site;
- 5 Ensure all electrical machinery is inspected on a daily basis, before use, by competent persons and that the records of these inspections are recorded in a register kept on site.

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

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

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

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

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

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

\_\_\_\_\_  
Signature of Appointor

\_\_\_\_\_  
Signature of Appointee

Date

Date

# ABBREVIATED CV

<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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