

NEL BRAVIOUS FENCING PTY (Ltd)

Occupational Health and Safety Act, No. 85 of 1993

APPOINTMENT AS INCIDENT/ ACCIDENT INVESTIGATOR

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 Administrative Regulation 8 & 9, and Section 24 to the Act, hereby appoint you, _____ as Incident/ Accident Investigator

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 responsibilities are to: -

- 1 Ensure that incidents and accidents on site are investigated in accordance with General Administrative Regulation 8 and Section 24 and 25 of the OHS Act.
- 2 Utilise the Annexure 1 forms for all accidents reportable to the Department of Labour, and Incident/Accident Investigation forms for any other accident or incident as may be required.
- 3 Report all findings of above accidents at the Health and Safety Committee meeting and ensure that action items are recorded on the minutes of such meeting.
- 4 Ensure that an invitation is extended to the Health and Safety Representative of the area where the incident occurred to attend the Investigations.

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

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

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

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

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

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

Signature of Appointor

Signature of Appointee

Date

Date

ABBREVIATED CV

Name:

Address:

Surname:

Qualifications:

I.D Number:

Number of years in industry:

<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.

Signature:

Date: