

NEL BRAVIOUS FENCING PTY (Ltd)

Occupational Health and Safety Act, No. 85 of 1993

APPOINTMENT AS LIFTING EQUIPMENT SUPERVISOR

I, _____, representing _____, by the powers invested in me to appoint persons in terms of the Occupational Health and Safety Act, and in terms of Driven Machinery Regulation 18 to the Act, hereby appoint you, _____ as Lifting Equipment Supervisor.

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

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

_____, at _____

Your duties will include but not be limited to;

- 1 Ensure that all company procedures regarding lifting equipment, along with the applicable legislative requirements and any specific client requirements are implemented and adhered to.
- 2 Ensure that all lifting operations are conducted in a safe manor by trained and qualified operators.
- 3 Ensure that all lifting equipment is suitable for the intended work operations.
- 4 Ensure that all equipment is clearly marked with the Maximum Mass load it is designed to carry.
- 5 Ensure that all lifting equipment is formally inspected and tested by a competent person every 12 months and that the findings are recorded into a register.
- 6 Ensure that all ropes, chains, hooks, sheaves, brakes and safety devices forming an integral part of a lifting machine are inspected by a competent person every 6 months.
- 7 Ensure that no person is raised by any lifting equipment unless in a man-cage approved by an Inspector.
- 8 Ensure that lifting equipment capable of lifting 5000kg or more are fitted with load indicators and limiting devices.
- 9 Ensure that all lifting tackle is suitable for its intended purpose and utilized in a safe manor by trained riggers.
- 10 Ensure that all lifting tackle is stored accordingly to prevent damage and that damaged lifting tackle is discarded and not used.
- 11 Ensure that areas around lifting equipment are clearly demarcated and closed off.
- 12 Ensure that warning signs are posted near the vicinity of lifting operations and that all workers are equipped with suitable head protection.
- 13 Ensure that all lifting tackle is inspected every month 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.

Signature of Appointor

Signature of Appointee

Date

Date

ABBREVIATED CV

Name: _____ **Surname:** _____

Address: _____ **Qualifications:** _____

I.D Number:

Number of years in industry: _____

[illegible]

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

Signature: _____ **Date:** _____

Date: _____