

NEL BRAVIOUS FENCING PTY (Ltd)

Occupational Health and Safety Act, No. 85 of 1993

APPOINTMENT AS LADDER 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 General Safety Regulation 13A to the Act, hereby appoint you, _____ as Ladder 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 _____

Your duties will include but not be limited to;

- 1 Ensure that all company procedures regarding ladders and access along with the applicable legislative requirements and any specific client requirements are implemented and adhered to.
- 2 Ensure that all ladders, access ramps, gangways, temporary staircases and other access points are constructed of suitable material and that they are erected and maintained in a safe condition.
- 3 Ensure that all free standing and extension ladders are fitted with non-skid devices, are secured to the structure, are positioned at a safe angle, are not damaged and are safe to use.
- 4 Ensure that all step ladders are properly supported , stable and not damaged in any way.
- 5 Ensure that all fixed ladders longer than 5m are equipped with a cage and that suitable resting points are made available on lengthy sections.
- 6 Ensure that all ladders extend past the top landing area by approximately 900mm.
- 7 Ensure that no free standing ladders are used at levels higher than 9m.
- 8 Ensure that no home made ladders are used and that wooden ladders are not painted.
- 9 Ensure that all work conducted from ladders is done safely and that precautions are taken to prevent materials and equipment from falling.
- 10 Ensure that all ramps and gangways are fully boarded with sufficient bottom support and hand-railing on both sides.
- 11 Ensure that all temporary staircases are adequately braced, secured and enclosed with handrails.
- 12 Ensure that all access routes are kept clear of any obstructions and that sufficient lighting is provided.
- 13 Ensure that all ladders and temporary staircases are numbered and inspected monthly with the findings 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: _____