

# NEL BRAVIOUS FENCING PTY (Ltd)

Occupational Health and Safety Act, No. 85 of 1993

## **APPOINTMENT AS HEALTH AND SAFETY REPRESENTATIVE AND HEALTH AND SAFETY COMMITTEE MEMBER**

I, \_\_\_\_\_, representing \_\_\_\_\_, by the powers invested in me to appoint persons in terms of the Occupational Health and Safety Act, and in terms of Section 17 and 19 of the Act, hereby appoint you, \_\_\_\_\_ as Health and Safety Representative and Health and Safety Committee member.

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 Reviewing the effectiveness of health and safety measures in your area of responsibility.
- 2 Identifying potential hazards, unsafe acts and unsafe conditions and then reporting them to your supervisor.
- 3 Ensuring that all injuries within your area are reported to a supervisor by the end of the shift or day.
- 4 Investigating and examining the causes of incidents and attending formal inquiries.
- 5 Investigating complaints by any employee relating to that employee's health and safety at work.
- 6 Conducting a formal monthly inspection in your workplace and submitting the report to your supervisor.
- 7 Participate in consultations with formal Inspectors and assisting them in their inspections and investigations.
- 8 Participate in any internal health and safety audit being conducted at the workplace.
- 9 Attending formal Health & Safety Committee meetings as required by your workplace.
- 10 Reviewing all health and safety related matters within the Health & Safety Committee meetings.
- 11 Inform and advise fellow employees of health and safety issues raised in the meetings.
- 12 Performing other functions as determined by the Health & Safety Committee.
- 13 Where possible preventing employees from conducting unsafe acts.
- 14 Reporting to management of any employee who continually fails to comply to the Company SHE Rules.
- 15 Monitoring and maintaining a safe working environment in your workplace area.
- 16 Monitoring and maintaining safety equipment and PPE and reporting concerns to your supervisor.
- 17 Assist and advise fellow employees on all relevant health and safety related issues.

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

**Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Qualifications:** \_\_\_\_\_

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**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:** \_\_\_\_\_