

# NEL BRAVIOUS FENCING PTY (Ltd)

Occupational Health and Safety Act, No. 85 of 1993

## **APPOINTMENT AS EXPLOSIVE ACTIONED FASTNING DEVICE ISSUER**

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 21.2(g) to the Act, hereby appoint you, \_\_\_\_\_ as Explosive Actioned fastning device issuer.

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 Ensure that all company procedures regarding explosive powered tools along with the applicable legislative requirements and any specific client requirements are implemented and
- 2 Ensure that explosive powered tool operations are used in a safe manner.
- 3 Ensure that only trained workers utilize explosive powered tools.
- 4 Ensure that explosive powered tools have protective guards around the muzzle ends and that no explosive tool may function without the tool being pressed against a surface with a force of at least twice its weight.
- 5 Ensure that only the correct types of cartridges are used for the type of explosive powered tool being used.
- 6 Ensure that the explosive powered tool is cleaned and examined daily by the appointed operator.
- 7 Ensure that all safety devices are in proper working order.
- 8 Ensure that the explosive powered tool and cartridges are locked away when not being used.
- 9 Ensure that the explosive powered tool is not stored in a loaded condition.
- 10 Ensure that warning signs are posted in the near vicinity where the explosive powered tool is being used.
- 11 Ensure that there is a strict control over the cartridges whereby the operators sign for their issue and return.
- 12 Ensure that all operators are equipped with suitable eye, ear and hand protection.
- 13 Ensure that all explosive powered tools are inspected weekly and 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.

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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:**

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[illegible]

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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