

# NEL BRAVIOUS FENCING PTY (Ltd)

Occupational Health and Safety Act, No. 85 of 1993

## **APPOINTMENT AS FALL PROTECTION PLANNER**

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 10,1(a) to the Act, hereby appoint you, \_\_\_\_\_ as Fall Protection Planner.

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 \_\_\_\_\_

You are hereby designated to develop a fall protection plan for the above construction project, and without detracting from this, your duties will include the following:

- 1 As per Regulation 8 (2), ensuring the fall protection plan includes:
  - a. a risk assessment to all work carried out from an elevated position which shall include the procedures and methods used to address all the risks identified per location;
  - b. the processes for evaluation of the employees physical and psychological fitness necessary to work a elevated positions and the record thereof;
  - c. the programme for the training of employees working from elevated positions and records thereof and
  - d. the procedures addressing the inspection, testing and maintenance of all fall protection equipment.
- 2 As per Regulation 8 (5), where roof work is involved, ensuring that the fall protection plan includes the following further particulars:
  - a. that the roof work has been properly planned;
  - b. that roof erectors are competent to carry out the work;
  - c. that no employees are permitted to work on roofs during inclement weather conditions or if the weather conditions are a hazard to the health and safety of the employees;
  - d. that prominent warning notice are to be placed where all covers to openings are not of sufficient strength to withstand any imposed loads and where fragile material exists;
  - e. that the above areas are to be barricaded off to prevent persons from entering;
  - f. that suitable and sufficient platforms, covering or other similar means of support have been provided to be used in such a way that the weight of any persons passing across or working on or from fragile material is supported; and
  - g. that there is suitable and sufficient guard-rails or barriers and toe-boards or other similar means of protection to prevent, so far as is reasonably practicable, the fall of any person, material equipment.

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