

NEL BRAVIOUS FENCING PTY (Ltd)

Occupational Health and Safety Act, No. 85 of 1993

APPOINTMENT AS BLASTING SUPERVISOR

I, _____, representing _____, by the powers invested in me to appoint persons in terms of the Occupational Health and Safety Act, and in terms Chap. 10 Explosives Act & Regulations to the Act, hereby appoint you, _____ as Blasting 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 limited to;

- 1 Ensure that all company procedures regarding blasting, along with the applicable legislative requirements and any specific client requirements are implemented and adhered to.
- 2 Ensure that a specific Method Statement is drawn up and approved for the type of blasting.
- 3 Ensure that all blasting operations are conducted in a safe manner and under constant supervision.
- 4 Ensure that a blasting procedure is drawn up for each type of blasting activity.
- 5 Ensure that all drilling operations are conducted in a safe manner and that all dangerous moving parts are protected.
- 6 Ensure that all drilling crews are issued with the appropriate eye, head, hand, respiratory and hearing protection.
- 7 Ensure that all work carried out in trenches or excavations are done in a safe manner without danger to the persons inside.
- 8 Ensure that all explosive material is handled, stored and prepared in a safe manner and that precautions are taken to prevent any uncontrolled explosions or detonations.
- 9 Ensure that all necessary fire precautions are implemented during blasting operations.
- 10 Ensure the health and safety of all persons and structures situated within the blasting radius.
- 11 Ensure that all reasonable precautions are taken during blasting and that all method statements are followed.
- 12 Ensure that after blasting that the areas are declared safe and that all un-detonated blasting material is dealt with accordingly and that the necessary records are kept.
- 13 Ensure that all warning and information signs are erected and that unauthorized persons are prohibited from entering blasting areas.
- 14 Ensure that accurate records are kept of all explosive materials being purchased, stored and utilized during blasts.

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: _____