

Occupational Health Safety Plan

OHS System

Client Details	
Company	
Contact Person	
Contact Details	
Contractor Details	
Contractor	
Contact Person	
Contact Details	
Project Details	
Type of work	
Start Date	
Finish Date	
Approval	
For the client	For the Contractor
Date	Date

<p style="text-align: center;">Occupational Health and Safety Plan</p> <p style="text-align: center;">Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 01 of 30

i. Purpose

The aim of this health and safety plan is to display the OHS controls as per the client specification & / best practice. In line with the requirements of the Occupational Health and Safety Act, 85 of 1993 as well as the Construction Regulations 2014, as the contractor we take great care, not only towards statutory requirements but also making sure that our activities during the construction do not impact negatively on the client, the client's employees, contractors, service providers and other stakeholders, as well as the surrounding environment for the duration of the contract.

This plan will be implemented after approval by the client and it will be maintained throughout the duration of the project. Measures to ensure compliance include (but not limited to);

- Delegation of OHS responsibilities through legal appointments,
- Risk eliminations and mitigation strategies,
- COID registration as well as implementation of incident management procedures,
- Emergency Response Planning to cater for all incidents from First Aid to Disasters,
- Management of subcontractors,
- Training and induction to ensure competency.

To ensure compliance induction training for all entering the site will serve as a prerequisites supported by continuous supervision of the site activities. In addition to specific competency requirements on-going training through toolbox talks will be implemented for all employees.

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 02 of 30

ii. Contents

1	Scope of Work	A
2	Statutory Requirements	B
	2.1 Letter of good standing	
	2.2 Notification of construction work	
3	Client Prerequisites	C
	3.1 Access Permits	
	3.2 Contractor Appointment Letter	
	3.3 Mandatory Agreement	
	3.4 OHS Specifications	
	3.5 Site Rules	
4	Company Information	D
	4.1 Occupational Health and Safety Policy	
	4.2 Company Organogram	
	4.3 Legal Appointments	
	4.4 Insurance	
5	Employee Records	EF
	5.1 Employee Register	
	5.2 Identity Documents	
	5.3 Medical Certificates	
	5.4 Competency Certificates	
6	Sub-Contractors Register	GH
7	Risk Assessments	IJ
8	Incident Management	KL
	8.1 IOD and Incident Management Procedure	
	8.2 Incident Register	
	8.3 Incident Investigations	
	8.4 Contravention and Prohibition Notices (Municipal/ DoL issued)	
9	Audits and Inspections	M
	9.1 Inspection Register & Action Plan Tracker	
	9.1.1 Internal Inspections	
	9.1.2 Client Inspections/ Audits	
10	Induction and Training	N
	10.1 Induction and training Records	
	10.2 Toolbox talks/ OHS Awareness Topics	
11	Emergency Management	OP
	11.1 Emergency Response Plan	
12	OHS Meeting Records	QR
13	Other Procedures and Registers	S
14	Copy of the Act	TU
	14.1 Occupational Health and Safety Act, 1993	
	14.2 Construction Regulations, 2014	
	14.3 Compensation Occupational Injuries and Disease Act, 1993	

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 03 of 30

1 Scope of Work

Occupational Health and Safety Plan		Document No:	
		Revision:	
Construction OHS Compliance		Date Issued:	
		Page No:	Page 04 of 30

2 Statutory Requirements

2.1 Letter of good standing

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 05 of 30

2.2 Notification of construction work

ANNEXURE 2 : NOTIFICATION OF CONSTRUCTION WORK

1.	(a) Name and postal address of principal contractor
	(b) Name and tel. no of principal contractor's contact person
2.	Principal contractor's compensation registration number
3.	(a) Name and postal address of client
	(b) Name and tel. no of client's contact person or agent
4.	(a) Name and postal address of designer(s) for the project
	(b) Name and tel. no of designer(s) contact person
5.	Name and telephone number of principal contractor's construction supervisor on site appointed in terms of regulation 8(1).
6.	Name/s of principal contractor's sub-ordinate supervisors on site appointed in terms of regulation 8(2).
7.	Exact physical address of the construction site or site office
8.	Nature of the construction work

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 06 of 30

ANNEXURE 2 : NOTIFICATION OF CONSTRUCTION WORK

9.	Expected commencement date
10.	Expected completion date
11.	Estimated maximum number of persons on the construction site
	Total: _____ Male: _____ Female: _____
12.	Planned number of contractors on the construction site accountable to principal contractor

13.	Name(s) of contractors already selected

Principal Contractor	Date
----------------------	------

Client's Agent (where applicable)	Date
-----------------------------------	------

Client	Date
--------	------

THIS DOCUMENT IS TO BE FORWARDED TO THE OFFICE OF THE DEPARTMENT OF LABOUR **PRIOR TO COMMENCEMENT** OF WORK ON SITE.

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 07 of 30

3 Client Prerequisites

3.1 Access Permits

Permit Type	Validity Dates		Authorised by	
	From	To	Name	Contact Details
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 08 of 30

3.2 Contractor Appointment Letter

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 09 of 30

3.3 Mandatory Agreement

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 10 of 30

3.4 Client OHS Specifications

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 11 of 30

3.5 Site Rules

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 12 of 30

4 Company Information

4.1 Occupational Health and Safety Policy

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 13 of 30

4.2 Company Organogram

<p align="center">Occupational Health and Safety Plan</p> <p align="center">Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 14 of 30

4.3 Legal Appointments

	Appointment	Primary	Assistant/ Alternative	Proof of compliance attached?	
				Appointment Letter	Competency Certificate?
Overall Company OHS Accountability					
1	CEO/ 16.1				
2	16.2				
3	Other				
4	Other				
Site Specific					
1	Construction Supervisor				
2	Safety Officer				
3	First Aider				
4	Fire Marshall				
5	Stacking CP				
6	Confined Spaces CP				
7	Fall Protection CP				
8	Form/ Support Work CP				
9	Excavation Work CP				
10	Demolition Work CP				
11	Scaffolding CP				
12	Material Hoist CP				
13	Explosive Tools CP				
14	Construction Vehicle and Mobile Plant CP				
15	Electrical Installation CP				
16	Blasting CP				
17	Traffic Safety Officer				
18	General Machinery CP				
19	Lifting Machines Operators				
20	HCS coordinator				

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 15 of 30

5 Employee Records

5.1 Employee Register

No.	Name & Surname	Identity/ Passport No	Title/ Role/ Duty	Dates on site		Critical Appointments	Construction Supervisor	Ass Construction Supervisor	Fall Protection C.P	Form/ Support Work CP	Excavation Work CP	Demolition Work CP	First Aider	Fire Marshal	Incident Investigator	Safety Officer
				From	To											

The follow supporting documents are included for each employee as may be applicable

1. Copy of identity/ passport document (for passport work permit as well),
2. Medical Certificates,
3. Competency Certificates
4. Criminal Clearance (where required by the client)

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 16 of 30

6 Sub-contractor Register

	Sub - Contractor	Contact Person		Scope of Work	Site Dates		OHS Compliance	
		Name & Surname	Contact Number		Start	Finish	COID No.	OHS Plan (Approved?)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 17 of 30

7 Risk Assessment

TASK/ ACTIVITY ANALYSIS	IDENTIFIED HEALTH HAZARD	RISK RATING	HEALTH EFFECT/ DAMAGE, CONDITION OR INJURY	CONTROL MEASURES IN PLACE
Painting	Dust from sanding of old paint		Respiratory condition, dust getting into eyes	Safe Work Procedures, Training & Awareness, Only experienced people to perform the job, Medical Examination, Respiratory Protective Equipment
	Working at heights		Fall, Injury	Correct procedures for working at heights, inspection of ladders to ensure they are in a good condition, scaffolding erected as per legislative requirements , Personal Protective Equipment (footwear non slip)
	Hazardous Chemical Substances (Paint fumes, solvents)		Dermatitis, Headache, drowsiness; affects central nervous system, hyperventilation, irritation of eyes & Respiratory system and Asphyxia, carcinogenic.	Only experienced people to perform the job, Medical Examination, Personal Protective Equipment, Respiratory Protective Equipment
	Poor ergonomics - Poor hand arm coordination, - Back injury during lifting material - Awkward postures & overhead		Work-related musculoskeletal disorders: pain of muscles, tendons, ligaments and joints. Swelling in limbs and back.	Employee induction, toolbox talks on lifting correctly
Removal of old tiles/ installation of new tiles/ carpets	Noise		Noise induced hearing loss. Physiological effects such as increased heart rate & stress.	Use of hearing protection equipment
	Hazardous Chemical Substances (adhesives, solvents)		Dermatitis, Headache, drowsiness; affects central nervous system, hyperventilation, irritation of eyes & Respiratory system and Asphyxia, carcinogenic.	Only experienced people to perform the job, Medical Examination, Personal Protective Equipment, Respiratory Protective Equipment

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 18 of 30

TASK/ ACTIVITY	IDENTIFIED HEALTH HAZARD	RISK RATING	HEALTH EFFECT/ DAMAGE, CONDITION OR INJURY	CONTROL MEASURES IN PLACE
	Debris		Eye injury, property damage	Cordoning of work area, Personal Protective Equipment
	Poor ergonomics as a result of carrying the heavy tile debris		Work-related musculoskeletal disorders: pain of muscles, tendons, ligaments and joints. Swelling in limbs and back.	Employee induction, toolbox talks on lifting correctly
Installation of blinds	Working at heights		Fall, Injury	Correct procedures for working at heights, inspection of ladders to ensure they are in a good condition, scaffolding erected as per legislative requirements , Personal Protective Equipment (footwear non slip)
	Poor ergonomics as a result of carrying the equipment/ blinds		Work-related musculoskeletal disorders: pain of muscles, tendons, ligaments and joints. Swelling in limbs and back.	Employee induction, toolbox talks on lifting correctly
Use of hand tools	Damaged tools, Inexperienced users, Electric tool malfunction,		Personal Injury, property damage, equipment failure	Adherence to manufacturer's instructions when using tools, maintenance, safe storage, pre and post equipment inspection, training and awareness
All site activities	Thermal Stress (Heat in summer)		Heat cramps, heat exhaustion heat collapse,	Heat <ul style="list-style-type: none"> - Natural Ventilation (windows) - Employees drink water.

<p align="center">Occupational Health and Safety Plan</p> <p align="center">Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 19 of 30

8 Incident Management

8.1 IOD and Incident Management Procedure

8.1.1 Immediate Actions

- (a) Report incidents as soon as possible but not later than the end of the shift to;
 - i. First Aider in case of personal injuries,
 - ii. Safety Officer in case of property / damage/ environmental incidents,
- (b) In case of Occupational Diseases complete Form WCL – 14 and submit to the safety officer.
- (c) If the injured employee is unable to report the accident, a fellow employee must do so.
- (d) The first aider must stabilise the injury and advise whether or not to visit a medical facility,
- (e) In case of injuries requiring a visit to a medical facility the injured/ supervisor must clearly stipulate that the incident is covered by the Workman's Compensation and provide the contractor's COID number.
- (f) The injured employee must adhere to medical follow up schedules and obtain the progress and/ resumption report.
- (g) In addition to internal stakeholders, certain external stakeholders must be notified as follows;
 - i. The client (as soon as possible),
 - ii. Department of Labour in case of section 24 incidents (within 14 days),
 - iii. SAPS in case of fatalities (immediately).
 - iv. Local Municipality as may be required.

8.1.2 Incident Investigation

- (a) All reported incidents must be recorded on the register & investigated as follows;
 - i. A preliminary investigation within 24 hours
 - ii. A formal investigation within 7 days.
- (b) The incidents must be investigated by a team consisting of;
 - i. Injured person / affected person (Required)
 - ii. Site Supervisor (Required)
 - iii. OHS Representative (Required)
 - iv. OHS Specialist/ Officer
 - v. Client/ Client's agent (Co Opted)
 - vi. Occupational Health practitioner (Co-opted)
 - vii. Expert/ Specialist (Co-opted)
 - viii. Witness (Co-opted)
 - ix. Additional members as required.
- (c) The OHS Investigation form must be used to document the investigation process and findings.
- (d) The completed investigation report must be submitted to the client and original filed.
- (e) Ensure that investigations are conducted in compliance with statutory OHS requirements.
- (f) The investigation report must be discussed at OHS Committee Meetings/ Toolbox Talks.

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 21 of 30

8.3 Incident Investigation Form

1. Name of employer.....

2. Name of affected person.....

3. Identity number of affected person.....

4. Date of incident 5. Time of incident.....

6. Part of body affected

Head or Neck	Eye	Trunk	Finger	Hand
Arm	Foot	Leg	Internal	Multiple

7. Effect on person

Sprains or strains	Contusion or wounds	Fractures	Burns	Amputation
Electric shock	Asphyxiation	Unconsciousness	Poisoning	Occupational Disease

8. Expected period of disablement

0-13 days	2-4 weeks	>4-16 weeks	>16-52 weeks	>52 weeks or permanent disablement	Killed
-----------	-----------	-------------	--------------	------------------------------------	--------

9. Description of occupational disease.....

10. Machine/process involved/type of work performed/exposure**

11. Was the incident reported to the Compensation Commissioner and Provincial Director?

Yes	No
-----	----

12. Was the incident reported to the police?*

Yes	No
-----	----

13. SAPS office and reference.....

*to be completed in case of a fatal incident.

** in case of a hazardous chemical substance, indicate substance exposed to

<p align="center">Occupational Health and Safety Plan</p> <p align="center">Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 22 of 30

B. INVESTIGATION OF THE ABOVE INCIDENT BY A PERSON DESIGNATED THERETO

1. Name of investigator

.....

2. Date of investigation

.....

3. Designation of Investigator

.....

4. Short description of incident

.....

.....

.....

5. Suspected cause of incident

.....

.....

.....

6. Recommended steps to prevent a recurrence

.....

.....

.....

.....

Signature of Investigator.....Date.....

C. ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR INCIDENT

.....

.....

.....

Signature of the Employer.....Date.....

D. REMARKS BY HEALTH AND SAFETY COMMITTEE

Remarks

.....

.....

.....

Signature of Chairperson of Health and Safety Committee.....Date.....

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 23 of 30

9 Audits and Inspections

9.1 Inspection Register & Action Plan Tracker

[illegible]

Occupational Health and Safety Plan Construction OHS Compliance	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 24 of 30

9.2 Internal Inspections

Site:		Date:	Contractor:	Supervisor:	
Focus Areas					
1. General Safety 1.1. Buildings and Structures 1.2. Floors/ Stairs/ Escalators/ Lifts 1.3. Signage/ Demarcation/ Colour Coding 1.4. General Housekeeping 1.5. Stacking and Storage Practices 1.6. Ablution Facilities 1.7. Hazardous Substances Control 1.8. Personal Protective Equipment 1.9. Outside Areas – Roads, Parking and Fencing		2. Emergency Response Planning 2.1. First Aid Equipment 2.2. Fire Equipment (Extinguisher & Hydrants) 2.3. Emergency Alarm System 2.4. Emergency plans 3. Occupational Hygiene & Environment 3.1. Lighting: Natural & Artificial 3.2. Ventilation - Natural and Artificial 3.3. Ergonomics 3.4. Pollution - Air, Ground and Water 3.5. Waste Management		4. Plant and Equipment Maintenance 4.1. Portable Electrical Equipment 4.2. Ladders, Stairs, Scaffolding and Elevated Platforms 4.3. Hand Tools - Hammers, Chisels etc. 4.4. Motorized Equipment 4.5. Compressed Gas Cylinders General Electrical Installations 4.6. Lifting Machines and Lifting Tackle 4.7. Machine Guarding 4.8. Maintenance schedules	
ID. NO.	Description of Substandard Item/ Defect	Action to correct Substandard defect	Reference	Responsibility	Completion Date
Please input your signature and date to acknowledge contents and commitment to rectification.					
Safety Officer		Site Supervisor		Manager	

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 25 of 30

10 Induction and Training

10.1 Induction and training Records

[illegible]

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 26 of 30

10.2 Toolbox talks/ OHS Awareness Topics

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 27 of 30

11 Emergency Management

11.1 Emergency Response Plan

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 28 of 30

12 OHS Meeting Records

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 29 of 30

13 Procedures and Registers

<p>Occupational Health and Safety Plan</p> <p>Construction OHS Compliance</p>	Document No:	
	Revision:	
	Date Issued:	
	Page No:	Page 30 of 30

14 Copy of the Act

14.1 [Occupational Health and Safety Act](#)

14.1.1 [Construction Regulations 2014](#)

14.2 [Compensation Occupational Injuries and Disease Act](#)