**Private Security Industry Regulatory Authority**

Eco Glades 2 Office Park, Block B

420 Witch Hazel Avenue

Highveld, Ext 75

**CENTURION**, 0157

Tel. : +27 12 003 0500 / 0501 (Switchboard)

Email : [info@psira.co.za](mailto:info@psira.co.za)

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**Inspection Number:**

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| **GAU/5130/2023** |

Training Establishment Accreditation Inspection Report

Inspection Report for the evaluation of a Training Establishment. This evaluation forms part of the Accreditation Evaluation of such establishment.

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| Date of last inspection | | | | Click or tap here to enter text. | | | | | Inspection Date | | | | | | | | Click or tap here to enter text. | | | | |
| Duration of Inspection | | | | Start | |  |  | |  | | | End | | | | |  | | |  |  |
| Name of Inspector | |  | | | | | | | Contact Number | | | | | | | Click or tap here to enter text. | | | | | |
| Name of Business | | Click or tap here to enter text. | | | | | | | | | | | SIRA Number | | | | | | Click or tap here to enter text. | | |
| Trading name of Business | | Click or tap here to enter text. | | | | | | | | | | | Included in Register | | | | | | Click or tap here to enter text. | | |
| Street Address | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Suburb | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Street Code | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Postal Address | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Suburb | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Postal Code | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Telephone |  | | Fax | | **TELEFAX** | | | | | | | Cell Phone | | | |  | | | | | |
| Validated particulars including Name, Address and Contact Numbers | | | | | | | | | | | | | | | | | |  | | | |
| Name of Person Interviewed | | | Click or tap here to enter text. | | | | | | | | Position | | | **DIRECTOR** | | | | | | | |
| Name of Person Interviewed | | | Click or tap here to enter text. | | | | | | | | Position | | | Click or tap here to enter text. | | | | | | | |
| **1. Registration Status of Applicant Training Provider & Type of Accreditation** | | | | | | | | | | | | | | | | | | | | | |
| New Application | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| Newly registered business | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| Existing Security Business | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| Branch Registration | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Upgrade Course / Capacity Increase / Classroom Increase | | |  | | | | |  | | | | | | |  | | | | | | |

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| **2. Human Resource Capacity** | | | | |
| **a**. Instructor SIRA Number | **705034** | | Training Grade | **A** |
| Instructor Name | **MR L. BALOYI** | | | |
| Confirmation /Proof of appointment | Choose an item. | Comment:  **SUBMITTED WITH APPLICATION** | | |
| Proof of registration with PSIRA for grades to be presented | Choose an item. | Comment:  **SUBMITTED WITH APPLICATION** | | |
| CV and proof of qualifications | Choose an item. | Comment:  **SUBMITTED WITH APPLICATION** | | |
| Request Letter from Training Provider to link instructor | Choose an item. | Comment: | | |

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| **b.** Instructor SIRA Number | **2719574** | | Training Grade | **A** |
| Instructor Name | **MR S. NDAEZO** | | | |
| Confirmation /Proof of appointment | Choose an item. | Comment:  **SUBMITTED WITH APPLICATION** | | |
| Proof of registration with PSIRA for grades to be presented | Choose an item. | Comment: **SUBMITTED WITH APPLICATION** | | |
| CV and proof of qualifications | Choose an item. | Comment:  **SUBMITTED WITH APPLICATION** | | |
| Request Letter from Training Provider to link instructor | Choose an item. | Comment: | | |

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| **c.** Instructor SIRA Number |  | | Training Grade |  |
| Instructor Name |  | | | |
| Confirmation /Proof of appointment |  | Comment: | | |
| Proof of registration with PSIRA for grades to be presented |  | Comment: | | |
| CV and proof of qualifications |  | Comment: | | |
| Request Letter from Training Provider to link instructor |  | Comment: | | |

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| **d.** Instructor SIRA Number |  | | Training Grade |  |
| Instructor Name |  | | | |
| Confirmation /Proof of appointment |  | Comment: | | |
| Proof of registration with PSIRA for grades to be presented |  | Comment: | | |
| CV and proof of qualifications |  | Comment: | | |
| Request Letter from Training Provider to link instructor |  | Comment: | | |

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| **e.** Instructor SIRA Number |  | | Training Grading |  |
| Instructor Name |  | | | |
| Confirmation /Proof of appointment |  | Comment: | | |
| Proof of registration with PSIRA for grades to be presented |  | Comment: | | |
| CV and proof of qualifications |  | Comment: | | |
| Request Letter from Training Provider to link instructor |  | Comment: | | |

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| **f.** Instructor SIRA Number |  | | Training Grading |  |
| Instructor Name |  | | | |
| Confirmation /Proof of appointment |  | Comment: | | |
| Proof of registration with PSIRA for grades to be presented |  | Comment: | | |
| CV and proof of qualifications |  | Comment: | | |
| Request Letter from Training Provider to link instructor |  | Comment: | | |
| *\* If additional instructors are employed please add particulars per separate page* | | | | |

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| 3. Grade course training applied for | | | | | |
| Block Courses training | | | | | |
| Grade E |  | Grade D |  | Grade C |  |
| Grade B |  | Grade A |  |  | |

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| 4. Assessment of Infrastructure Capacity | | | |
| 4.1 Classrooms | | | |
| Classrooms | Applied for student capacity | Actual student capacity | Comments. (Please provide further detail if actual capacity, eg, desk, chairs and sufficient space differs from applied capacity) |
| Number of Classrooms | **01** | **10** | **THE CLASS ROOM CAN ONLY TAKE 10 STUDENT** |
| Classroom 1 | **01** | **10** | **APPROVED FOR ONLY 10** |
| Classroom 2 |  |  |  |
| Classroom 3 |  |  |  |
| Classroom 4 |  |  |  |
| Classroom 5 |  |  |  |
| Classroom 6 |  |  |  |
| *\* If additional classrooms are applied for please add particulars per separate page* | | | |

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| 4.2 Training Aids | | |
| Training Aid | Availability / Status | Comment |
| Projector / Overhead Projector | Choose an item. |  |
| White Board | Choose an item. |  |
| Flip Chart | Choose an item. |  |
| Lockable cabinet | Choose an item. |  |
| Student Manuals | Choose an item. |  |
| Practice Pro Forma’s | Choose an item. |  |
| Fire Extinguisher | Choose an item. |  |
| Iron/Ironing Board | Choose an item. | **SEEN** |
| Batons | Choose an item. | **01** |
| Safety Signs | Choose an item. | **ON THE CLASS WALL** |
| Radios | Choose an item. | **01** |
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| 4.3 Practical Assessment Area | | |
| Entrance Access |  | **DOOR** |
| Letter from the Landlord |  | **SUBMITTED WITH APPLICATION** |
| Letter from the Fire Department |  | **SUBMITTED WITH APPLICATION** |

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| 4.4 Minimum Health and Safety Requirements | | |
| Requirement | Is requirement met | Comment |
| Ablution facilities | Choose an item. |  |
| Safety Signs observed and ventilation in classrooms | Choose an item. |  |
| Evacuation routes? | Choose an item. |  |
| Fire Prevention Equipment | Choose an item. |  |

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| 4.5 Management and Administration | | |
| Requirement | Is requirement met | Comment |
| Policy as provided as minimum requirement observed on site | Choose an item. |  |
| Accreditation fee & Administrative fee | Choose an item. |  |

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| Results from Evaluation for Accreditation of Training Establishment | |
| **ACCREDITATION RECOMMENDED** | **ACCREDITATION NOT RECOMMENDED** |
| **Comments/Notes from the Inspector:** | |
| 1. **ACCREDITATION INSPECTION WAS CONDUCTED AT THE TRAINING CENTRE PRINCIPAL ADDRESS AT NO. 7185 UBUNTU STREET DIEPSLOOT EXT.10.** 2. **DURING INSPECTION I WAS ASSISTED BY MR THABANI MAVUSO WHO IS THE DIRECTOR OF THE TRAINING CENTRE.** 3. **THE TRAINING CENTRE OFFICE WAS INSPECTED AND MEETS THE REQUIREMENTS TO RENDER A SECURITY SERVICE. IT HAS LANDLINE, LOCKABLE CABINET, COMPUTER AND OFFICE FURNITURE.** 4. **CLASSROOM INSPECTED, TRAINING CENTRE HAS ONE (1) CLASSROOM WITH THE CAPACITY OF 10 STUDENTS.** 5. **THE CLASSROOM IS BIG ENOUGH, HAS SUFFICIENT SPACE FOR A CAPACITY OF 10 STUDENTS. IT HAS 10 TABLES THAT SEATS 10 STUDENTS, THEREFORE THERE WERE 10 CHAIRS IN THE CLASSROOM.** | |
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| **DIRECTIVES & RECEIPT** | | | | | |
| **DIRECTIVES** | | | | | |
| The following directives are hereby issued by the inspector in terms of Section 34 of the Private Security Industry Regulation Act, 2001 (Act 56 of 2001). Failure to adhere to these directives constitutes a criminal offence and a contravention of the Code of Conduct for Security Service Providers, 2003. **You are hereby directed to submit (produce) the following documents / objects to :** | | | | | |
|  | Inspector: | |  | | |
|  | At: | |  | | |
|  | Or alternatively with prior arrangement, at/to: | | | |  |
|  | Before or on the following date: | | |  | |
| To wit: | | | | | |
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| **RECEIPT** | | |
| Receipt issued in terms of Section 34 of the Private Security Industry Regulation Act, 2001 (Act 56 of 2001) for original documents /objects seized/received: | |
| To wit: | |
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| **INSPECTION REPORT SUBMITTED TO SENIOR INSPECTOR / MANAGER** |
| **INSPECTION DETAILS**  **NAME OF BUSINESS:…ALL IS WELL SECURITY SECURITY SERVICES CC.**  **INSPECTION NUMBER: GAU/4718/2023 .**  **DATE OF INSPECTION:…14/09/2023 .** |
| **DATE SUBMITTED: ………………/………./…………………**  **COMMENT/INSTRUCTIONS (IF ANY):**  **………………………………………………………………………………………………………………………………………………**  **……………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………………**        **N**  **Y**  **PROCEED WITH CODE OF CONDUCT:**  **…………………………………………………………………**  **SIGNATURE BY SENIOR INSPECTOR/**  **MANAGER**  **N**  **Y**  **INSPECTION REPORT FOR CLOSURE:** |
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