

Sample appointment of Site Manager letter

COMPANY NAME & LOGO/LETTERHEAD

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 of 1993

SECTION 16(2) – ASSISTANT TO THE CHIEF EXECUTIVE OFFICER APPOINTMENT

(Appointee's Name)

I, (Appointer's Full Name) the (Legislative reference of appointment) appointee of (Appointer's Area) hereby appoint you (Appointee's Full Name) as the Section 16(2) (Assistant to the CEO) appointee responsible for the area known as (Appointee's Area).

In terms of this appointment, you are responsible for Occupational Health and Safety matters at the aforementioned area. In order to ensure that you meet this responsibility you must familiarise yourself with the Occupational Health and Safety Act and its Regulations. You are also required to ensure that all statutory requirements are met at all times.

You may not further assign this duty.

Your appointment is valid from (Start Date) to (End Date).

You shall report (Time Period) directly to myself on all occupational health and safety matters arising out of (Appointee's Area).

.....
(Appointer's Full Name) Date

Kindly confirm your acceptance of this appointment by completing the following:

ACCEPTANCE

I, (Appointee's Full Name) understand the implications of the appointment as detailed above and confirm my acceptance.

.....
(Appointee's Full Name) Date

Sample Site Construction Supervisor form

OCCUPATIONAL HEALTH & SAFETY ACT, 85 OF 1993

Construction Regulation 6

SUPERVISION OF BUILDING/CONSTRUCTION WORK

I,, designated as the do hereby appoint you in terms of Section 6 of the Construction Regulations as

SUPERVISOR OF BUILDING WORK

Your area of responsibility will be

Your duties will include:

- 1. Familiarise yourself with the relevant legislation.

2. Supervise the safe performance of building work and also in regard to health.
3. Cause every excavation to be inspected by a competent person once before each shift or after any rain, and ensure that these inspections are recorded in a register.
4. Ensure that all workers understand the hazards attached to work performed by them.
5. Be in possession of proof that all workers have attended formal training regarding their job hazards and the precautionary measures to be taken.
6. Report to your superior immediately all incidents and accidents that come to your attention.
7. In the case of building work taking longer than three months and in which the excavation is more than 1m deep or requires a person to work at a height exceeding 3m above ground, inform the Regional Director in writing, prior to starting work, as required in terms of Section 3 of the Construction Regulations.
8. Comply and ensure compliance with the Contractors Regulations GN1010 of 18/07/03 and the relevant sections of the OHSA.

.....
Signature of CEO/Employer

.....
Date

ACCEPTANCE

I, hereby accept this designation and understand and agree to comply with the requirements.

.....
Signature

.....
Date

Sample Assistant Site Construction Supervisor form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 6

APPOINTMENT OF ASSISTANT CONSTRUCTION WORK SUPERVISOR

I, _____ (Employer), for _____
(Company) do hereby appoint _____ (Employee) as the
Assistant Supervisor of Construction Work at

(Site/address).

Special Instructions/Information:

1. Assist the employer to comply with the Occupational Health and Safety Act, and especially the Construction Regulations.
2. Endorse Safety Representatives' reports/Minutes of the Health and Safety meeting.
3. Report and investigate any incident/accident/injury.
4. Ensure the terms of the "Agreement with Mandatory" as per Section 37(1)(2) of the Act are complied with.
5. Ensure risk assessments are conducted within your area of responsibility and are regularly updated.
6. Assist in compiling Method Statements and the development of Safe Work Procedures.

Signature: _____
(for Employer)

Date: _____

Designation: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this designation.

Signature: _____ Date: _____

Designation: _____

Sample Health and Safety Officer appointment form

OCCUPATIONAL HEALTH & SAFETY ACT, 85 OF 1993
Construction Regulation 6

HEALTH AND SAFETY OFFICER

I, _____ (Employer), for _____ (Company) do hereby appoint: _____ as the Health and Safety Officer for _____

_____ (site/address).

Duties:

1. Assist in compiling the SHE Plan.
2. Assist with risk identification, evaluation and development of safe work procedures.
3. Conduct or have conducted a risk and hazard analysis and take the necessary corrective action.
4. Ensure all accidents are properly recorded, reported and investigated.
5. Ensure Health and Safety Representatives are appointed.
6. Ensure Safety Meetings are held regularly and the results recorded.
7. Ensure Health and Safety Representatives conduct monthly inspections and submit the required reports.
8. Ensure Contractors comply with the Health and Safety Specifications.
9. Assist with establishment of the Fall Protection Plan.
10. Where it is not possible to remove any remaining hazard/s you are to inform employees thereof and what precautionary action is to be taken.
11. Ensure appropriate restoration of areas affected by construction.
12. Detail mitigating measures required to be taken, and the procedures for their implementation to the Project Manager.
13. Establish the reporting system to be undertaken during construction and ensure effective reporting to management on the deviations identified and required action to be taken.
14. Ensure EMP compliance.
15. Ensure monthly Safety, Health and Environmental reports are submitted to the Project Manager.
16. Carry out toolbox talks.
17. Ensure training needs are identified and implemented.
18. Assist with Induction training.

Signature: _____
(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____ Date: _____

Designation: _____

Sample appointment of Fall Protection Planner form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 of 1993
Construction Regulation 8

APPOINTMENT OF FALL PROTECTION PLANNER

I, _____ (Employer), for _____ (Company) do hereby appoint : _____ (Employee) as the Fall Protection Planner for: _____ at _____ (Site/Address).

Duties:

1. Ensure compliance with Construction Regulation 8.
2. Compile a Fall Protection Plan for the project.
3. Implement the Fall Protection Plan and amend where required.
4. Take steps to ensure all employees adhere to the plan.
5. Ensure risk assessments are conducted prior to commencing work in elevated positions.
6. Ensure persons required to work in elevated positions are physically and psychologically fit.
7. Ensure all employees required to work in elevated positions are trained.
8. Ensure all fall arrest equipment is inspected and maintained.
9. Ensure the construction supervisor is issued the latest version of the Fall Protection Plan.
10. Ensure all checklists are kept up to date, with copies in the Health and Safety File.
11. Ensure roof work is included in the planning.

Signature: _____

(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I _____ hereby accept and understand this appointment.

Signature: _____ Date: _____

Designation: _____

Sample appointment of Excavation Supervisor form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 of 1993
Construction Regulation 11

EXCAVATION INSPECTOR/SUPERVISOR

I, _____ (Employer), for _____ (Company), do hereby appoint _____ (Employee) as **Excavation Inspector/Supervisor** at _____ (Site/address) you will be required to ensure that all the provisions of Construction Regulation 11 are complied with and all necessary records, registers and checklists are kept up to date and included in the Health and Safety File.

Signature: _____

(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____ Date: _____

Designation: _____

Sample appointment of Demolition Supervisor form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 12

APPOINTMENT OF DEMOLITION SUPERVISOR

I, _____ (Employer), for _____ (Company) hereby appoint
_____ (Employee) as the Demolition Supervisor at
_____ (Site/address).

Signature: _____

(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Scaffold Erector form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 14

APPOINTMENT OF SCAFFOLD ERECTOR

I, _____ (Employer), for _____ (Company) hereby
appoint _____ (Employee) as the **Scaffold Erector** at
_____ (Site/address).

Special Instructions/Information:

Signature: _____

(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Scaffold Team Leader form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 14

APPOINTMENT OF SCAFFOLD TEAM LEADER

I, _____ (Employer), for _____ (Company) hereby
appoint _____ (Employee) as the **Scaffold Team Leader** at

(Site/address).

Instructions/Information:

Signature: _____

(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Scaffold Inspector form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993

Construction Regulation 14

APPOINTMENT OF SCAFFOLD INSPECTOR

I, _____ (Employer), for _____ (Company) hereby
appoint _____ (Employee) as the **Scaffold Inspector** at

_____. (Site/address).

Signature: _____

(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Scaffold Supervisor form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 14

APPOINTMENT OF SCAFFOLD SUPERVISOR

I, _____ (Employer), for _____ (Company) hereby
appoint _____ (Employee) as the **Scaffold Supervisor** at

_____. (Site/address).

Signature: _____

(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Material Hoist Inspector form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 17

APPOINTMENT OF MATERIAL HOIST INSPECTOR

I, _____ (Employer), for _____ (Company) hereby appoint
_____ (Employee) as the **Material Hoist Inspector** for _____
(Site/address)

Duties:

Inspect Material Hoist daily and ensure compliance with Regulations.

Signature: _____
(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Batch Plant Inspector form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 18

REF BPL 1

APPOINTMENT OF BATCH PLANT INSPECTOR

I, _____ (Employer), for _____ (Company) hereby appoint
_____ (Employee) as **Batch Plant Inspector** for
_____ (Site/address).

Signature: _____
(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Batch Plant Operator form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 18

APPOINTMENT OF BATCH PLANT OPERATOR

I, _____ (Employer), for _____ (Company) hereby appoint
_____ (Employee) as **Batch Plant Operator** for
_____ (Site/address).

Signature: _____
(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Tower Crane Operator form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 20

APPOINTMENT OF TOWER CRANE OPERATOR

I, _____ (Employer), for _____ (Company) hereby
authorise _____ (Employee) to operate as the **Tower Crane Operator** at
_____ (Site/address).

Signature: _____
(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment of Construction Vehicle and Mobile Plant Inspector form

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993
Construction Regulation 21

**APPOINTMENT OF CONSTRUCTION VEHICLE
& MOBILE PLANT INSPECTOR**

I, _____ (Employer), for _____ (Company) hereby appoint
_____ (Employee) as the **Construction Vehicle & Mobile Plant Inspector** at
_____ (Site/address).

Duties:

1. Ensure compliance with Construction Regulation 21.
2. Ensure all construction vehicles and mobile plant are inspected daily prior to use.
3. Ensure construction vehicles and mobile plant which are found to be unsafe are withdrawn from use until the required repairs are effected.
4. Ensure record is kept of all inspections and the register is made available as required.

Signature: _____
(for Employer)

Designation: _____

Date: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept and understand this appointment.

Signature: _____

Date: _____

Designation: _____

Sample appointment letter for Stacking and Storage Supervisor

OCCUPATIONAL HEALTH & SAFETY ACT, 85 OF 1993
General Safety Regulations Section 8

STACKING AND STORAGE SUPERVISOR

I, _____ (Employer), for _____ (Company) do hereby
appoint _____ (Employee) as the **Stacking and Storage Supervisor** for
_____ (Site/address).

Your duty will be to ensure that all stacking/storage is carried out in accordance with Regulation 8 of the General Safety Regulations made under the Occupational Health and Safety Act 85/93 and any other legal requirement or exemptions which may apply.

Signature: _____
(for Employer)

Date: _____

Designation: _____

ACCEPTANCE

I, _____ hereby accept and understand the requirements of this designation.

Signature: _____ Date: _____

Designation: _____

Sample appointment letter as Fire Prevention and Protection Control person

**FIRE PREVENTION AND CONTROL
(INCLUDING EQUIPMENT SUITABILITY, MAINTENANCE & USAGE).**

Branch/site.....Date

Dear

APPOINTMENT AS FIRE PREVENTION AND PROTECTION OFFICER

I hereby, appoint you as the FIRE PREVENTION AND PROTECTION OFFICER for
..... (location) for the period of months from the date of this letter.

Your duties will be to co-ordinate and control the Fire Protection and Prevention Programme. This will include:

- To select Fire Fighting Teams (for the Day shift and the Night shift).
- To carry out/organise fire extinguishing training as agreed.
- To have regular MONTHLY Fire Drill Practices.
- To ensure that correct Fire Fighting Equipment is available and that it is in serviceable condition at all times.
- To have an organised EVACUATION ROUTINE PROGRAMME and to have staff trained according to the programme.
- To report to on any Fire Risks on the premises.

Your duties as the Fire Prevention and Protection Officer will form part of your normal duties and be performed during working hours.

Employer Date

I,, hereby accept this appointment and acknowledge that I understand the nature of my duties relating thereto.

Signed Date

Sample personal protective clothing acknowledgement form

ISSUE OF PERSONAL PROTECTIVE EQUIPMENT

NAME: COMPANY NO:

I, hereby accept responsibility for the items below, which I have signed for. I realise that I will not be permitted to work without them.

I agree to wear or use, in the proper manner, the equipment issued to me for MY safety and health, as well as this being a legal requirement.

I realise that if I fail to wear/use this equipment and as a result, I sustain an injury, the Compensation Commissioner for Occupational Injury and Diseases or FEM will be informed and this may jeopardise my right to compensation.

Signed Date
 Witness Date

DESCRIPTION	DATE OF ISSUE	SIGNATURE	DESCRIPTION	DATE OF ISSUE	SIGNATURE	DESCRIPTION	DATE OF ISSUE	SIGNATURE

Sample appointment of Incident Investigator form

ACCIDENT AND INCIDENT INVESTIGATION

INCIDENT INVESTIGATOR IN TERMS OF GAR 6 AND 8 AND SECTION 24 OF THE OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993

I,designated as the for
 do hereby designate you as ACCIDENT/INCIDENT INVESTIGATOR with
 the following duties and responsibilities:

1. Investigate all incidents and accidents.
2. Report the findings of the investigation on the Annexure 1 or 1(a) forms.
3. Ensure that the employer endorses the Annexure 1 or 1(a) forms and also the Chairman of the Health and Safety Committee in terms of Section (8)3 GAR.

.....
 Signature of CEO/Employer

.....
 Date

Acceptance

I, hereby accept this designation, understand the contents and agree to
 comply.

.....

Signature

Date

Annexure 1: Use this form to record and investigate incidences

**Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
ANNEXURE 1
Regulation 8 and 9 of the General Administrative Regulations
Recording and investigation of incidents**

A. Recording of incident

- 1. Name of employer
- 2. Name of affected person ID No
- 3. Date of incident

4. Time of incident

5. Part of body affected

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

6. Effect on person

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

7. Expected period of disablement

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

- 8. Description of Occupational disease
- 9. Machine/process involved/type of work performed/exposure
- 10. Was incident reported to the Compensation Commissioner? Yes.....No.....Ref.....
- 11. Was incident reported to SAPS? Yes.....No.....Ref.....
- 12. Was incident reported to Provincial Director? Yes.....No.....Ref.....

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

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

6. Action taken by employer to prevent the recurrence of a similar incident

Signature of investigator

Date

7. Remarks by Health and Safety Committee

Remarks

Signature of Chairman of the Health & Safety Committee

Use this form to record and investigate injuries to non-employees

**OCCUPATIONAL HEALTH & SAFETY ACT, 85 OF 1993
REGULATION 8 AND 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS (ACCIDENTS
AFFECTING NON-EMPLOYEES)**

- (a) Name and Identity no of injured person
- (b) Address and phone numbers of injured person
.....
- (c) Name and address and phone number of employer/user/self employed person
.....
.....
- (d) Contact person (Name).....
- (e) Details of incident.....
 - (i) What happened.
.....
.....
 - (ii) Place where it happened
.....
 - (iii) Time and date when it happened
.....
 - (iv) How it happened
.....
 - (v) Why it happened
.....
 - (vi) Details of witnesses
.....
.....
- (f) Reported to Provincial Director by (fax etc).....
At (time)on (date)by
Name of inspector receiving details

Sample of a Hazardous Chemicals Controller appointment letter

OCCUPATIONAL HEALTH & SAFETY ACT, 85 OF 1993

CONTROL OF HAZARDOUS SUBSTANCES

To

Dear

The control over purchase, storage, issue, accounting for any substances used on our premises which (if not properly supervised) could result in death/injury/illness to any of our staff or the public, or in product contamination, is essential.

I hereby appoint you (if necessary, here add "as part of a team, the other members of which are") to perform this function. You must familiarise yourself with the contents of the Regulations for Hazardous Chemical Substances and prepare a list of hazardous substances, the properties and "antidotes", and to do this obtain information from all suppliers.

- Update this list at least monthly.
- Ensure new materials purchased conform to the specifications.
- Ensure such materials are secured and issued with the necessary authority.
- Ensure that correct mixes/concentration are used (this may be an overview function).
- Ensure antidote lists are updated.
- Ensure first aiders are kept apprised of changes.
- Ensure the correct protective measures are taken.
- Ensure an education and training programme is devised and carried out in consultation with Health and Safety Representatives and the Health and Safety Committee.
- Display Hazchem data sheets at points of use.
- Ensure that, where possible, Hazchem items are removed or reduced in quantity by substitution or that the risk is reduced where possible by engineering means.

SIGNED: DATE:

I hereby accept this appointment:

SIGNED: DATE:

**ALPHABETICAL LIST
HAZARDOUS CHEMICAL SUBSTANCES**

	SUBSTANCE	MAXIMUM QUANTITIES STORED AT ANY ONE TIME	WHERE LOCATED
1.			
2.			
3.			
4.			
5.			
6.			
7.			

8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

DATE:

COMPLETED BY:

DATE:

REVISED: