

ACSA SHE FILE REVIEW FORM

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| Contractor/Stakeholder Name: | | Contract Number | |
| Project Manager: | | Airport: | |
| Area where work is to be performed: | | | |
| Scope of Work | | | |

| No. | Document requested | Status received (Yes/ No/N/A) | Compliance Status/ Comments |
|-----|--|-------------------------------|-----------------------------|
| 1. | Mandatory OHS appointments | | |
| | Section 16(1), 16(2) & 8(2) | | |
| | SHE Representative | | |
| | First Aider(s) (Must have formal competency) | | |
| | Fire Marshall | | |
| | Supervisors | | |
| | Lifting supervisor | | |
| | Construction 5(k) | | |
| | CR 8(1) Construction work Manager (Must have formal competency) | | |
| | CR 8(2) Assistant Construction work Manager | | |
| | CR 8(5) Construction H&S Officer (Must have formal competency) | | |
| | CR 8(7) Construction work Supervisor | | |
| | CR 8(8) Assistant Supervisor (Must have formal competency) | | |
| | Fall protection planner (Must have formal competency) | | |
| | CR 13(1)(a) Excavation Supervisor (Must have formal competency) | | |
| | Risk Assessor (Must have formal competency) | | |
| | Incident Investigator | | |
| | CR 16(1) /SANS 085 Scaffolding Inspector (Must have formal competency) | | |
| | CR 18(1) Rope Access Supervisor (Must have formal competency) | | |
| | CR 24 & EMR 9 Electrical Tool Inspector | | |

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| | CR 29(H) Fire Fighting Equipment Supervisor (Must have formal competency) | | |
| | CR 23 Construction Vehicles & Mobile Plant Operator | | |
| | GSR 13 Ladder Inspect | | |
| | Portable (Hand) Tool inspector | | |
| | CR 28(a) Stacking and Storage Supervisor (Must have formal competency) | | |
| | HCS Supervisor (HCS Regulations) | | |
| | OHSA 19 SHE Committee Members (If more than 2 SHE Reps on site) | | |
| | Covid-19 compliance officer | | |
| 2. | Scope of work | | |
| 3. | Covid-19 Policy | | |
| 4. | Risk assessments with covid-19 risks | | |
| 5. | Equipment and tools list | | |
| 6. | Safe working procedures including covid-19 response procedure | | |
| 7. | Procedure for employees refusing to work due to covid-19 | | |
| 8. | Toolbox talks | | |
| 9. | Induction records of employees on covid-19 | | |
| 10. | Reporting of OHS Surveillance Data to DoH | | |
| 11. | Vulnerable employees declaration process | | |
| 12. | Daily screening process for employees and visitors | | |
| 13. | MoU or contract for secondary screening of symptomatic persons at work | | |
| 14. | PPE issue records for employees (inclusive of cloth masks) | | |
| 15. | ACSA Safety, Health and Environmental Induction | | |
| 16. | Signed Section 37(2) Agreement (ACSA & Principal Contractor/Principal contractor & Sub contractor is sub-contracting) | | |
| 17. | Valid Letter of Good Standing | | |
| 18. | Method Statement | | |
| 19. | Project Specific SHE Plan | | |
| 20. | Fall protection and rescue plan where applicable | | |
| 21. | Lifting plan where applicable | | |
| 22. | Valid Medicals fitness certificates as per Annexure 3 of the CR 2014 regulations | | |
| 23. | ID copies of the employees on-site | | |
| 24. | Pre-populated WCL2 form | | |
| 25. | Emergency Plan and Contact details for emergencies | | |
| 26. | Proof of competencies | | |
| 27. | Notification of construction work or Construction Permit if applicable. | | |
| 28. | Signed Environmental Terms and Conditions to Commence Work – EMS 048 attached | | |
| 29. | Approved Airside Safety Plan | | |

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| 30. | Register of sub-contractors and activities to be undertaken | | |
| 31. | Select relevant high-risk activity to be performed <ul style="list-style-type: none"> • Work at Heights • Hot Work • Work on Electricity • Work in Confined Space • Excavation • Work on machinery • Other | | |

MANDATORY REQUIREMENTS FOR STAKEHOLDER CONTRACTOR SHE FILE REVIEW(ONLY COMPLETE THIS SECTION IF IT IS A STAKEHOLDER'S CONTRACTOR SHE FILE FOR VETTING BY ACSA

| No. | Document requested | Status received (Yes/ No/N/A) | Compliance Status/ Comments |
|-----|---|-------------------------------|-----------------------------|
| 1. | Valid Letter of Good Standing | | |
| 2. | Signed Section 37(2) Agreement between Client & Principle Contractor | | |
| 3. | Signed Section 37(2) Agreement for Sub Contractor where one is used | | |
| 4. | Signed CR 5(k) Appointment letter from Client to Principle Contractor | | |
| 5. | Risk Assessment for the project | | |
| 6. | Signed ACSA EMS 048 Environmental Terms & Conditions (Please find attached) | | |
| 7. | OHS appointment letters (with proof of competencies where required) that is relevant to the work that will be performed in the project. | | |
| 8. | Client OHS Specification (Stakeholder to provide its own specification) | | |
| 9. | Method Statement | | |
| 10. | Medical fitness certificates of contractor employees as required by the Construction Regulations | | |
| 11. | Notification of construction work or Construction Permit (where required) | | |
| 12. | Emergency Response procedure & Contact details. | | |
| 13. | Valid Letter of Good Standing | | |
| 14. | Signed Section 37(2) Agreement between Client & Principle Contractor | | |
| 15. | Signed Section 37(2) Agreement for Sub Contractor where one is used | | |
| 16. | Signed CR 5(k) Appointment letter from Client to Principle Contractor | | |

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| 17. | Risk Assessment for the project | | |
| 18. | Signed ACSA EMS 048 Environmental Terms & Conditions (Please find attached) | | |
| 19. | Daily screening process for employees and visitors | | |
| 20. | MoU or contract for secondary screening of symptomatic persons at work | | |

EMERGENCY WORKS SHE FILE REVIEW(ONLY COMPLETE THIS SECTION IF IT EMERGENCY WORK)

| No. | Document requested | Status received (Yes/ No/N/A) | Compliance Status/ Comments |
|-----|--|-------------------------------|-----------------------------|
| 1. | Valid Letter of good standing | | |
| 2. | Section 37 (2) Mandatary Agreement (Attached-to be signed) | | |
| 3. | EMS 048 Environmental Terms & Conditions (Attached-to be signed) | | |
| 4. | ACSA OHS Specification (Attached-to be signed) | | |
| 5. | Activity based risk assessment | | |
| 6. | Emergency contact details | | |
| 7. | Valid Letter of good standing | | |
| 8. | Daily screening procedure for employees and visitors | | |
| 9. | MoU or contract for secondary screening of symptomatic persons at work | | |

Verification Status

| SHE File Verified | Yes | No | Date | |
|--|-----|----|------------|--|
| | | | | |
| General comments | | | | |
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| Details of SHE File reviewer | | | | |
| Full name and Surname: | | | Signature: | |
| Designation: | | | | |
| Acknowledgement by the Contract Manager | | | | |
| Full name and Surname: | | | Signature: | |
| Designation: | | | | |

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|--------------------------------------|--|-------------------|--|
| Acknowledgement by Contractor | | | |
| Full name and Surname: | | Signature: | |
| Designation: | | | |

NB*The contractor remains responsible and accountable for the contents and compliance of the safety file