

SAFETY FILE REQUIREMENTS

| # | Content Description | Yes | No | n/a |
|----|---|-----|----|-----|
| 1 | Company Health, Safety and Environmental Policy | | | |
| 2 | Company HIV and AIDS Policy | | | |
| 3 | Letter of good standing | | | |
| 4 | Company letterhead with contact details | | | |
| 5 | Company Profile | | | |
| 6 | Proof of company registration | | | |
| 7 | Proof of SARS registration | | | |
| 8 | Public Liability (insurance cover) | | | |
| 9 | Company Organogram (showing company reporting structure) | | | |
| 10 | Site Team organogram with names and cell numbers of the specific team working on specific site | | | |
| 11 | Scope of work | | | |
| 12 | List of employees working on this project (with their ID numbers and positions listed) | | | |
| 13 | List of tools and equipment to be used on this project | | | |
| 14 | Sub-contractor's internal Employee induction (focusing on specialist work, specific tasks, risk assessments related to these tasks, methods to be used and general site safety) | | | |
| 15 | Letter of Appointment / Award of Contract from Client | | | |
| 16 | Agreement with Mandatory signed by contractor and principal contractor | | | |
| 17 | Statutory Legal Appointments – (application to all contractors) | | | |
| | - CEO's delegation of duties – attach ID, CV & certificates | | | X |
| | - Supervisor of construction work – attach ID, CV & certificates | | | X |
| | - Subordinate supervisor of construction work – attach ID, CV & certificates | | | X |
| | - Fall protection plan developer – attach ID, CV & certificates | | | X |
| | - Risk assessor – attach ID, CV & certificates | | | X |
| | - Portable electrical tools inspector | | | X |
| | - Accident/Incident Investigator – attach ID, CV & certificates | | | X |
| | - Safety committee member | | | X |

| | | | | |
|----|---|--|--|---|
| | - Stacking and storage inspecting | | | X |
| | - Hand Tools inspector | | | X |
| 18 | Other appointments (if required) | | | |
| | - Safety officer – attach ID, CV & certificates | | | X |
| | - First aider (must be certified and certificate attached) | | | X |
| | - SHE representative (must be certified and certificate attached) | | | X |
| | - Emergency Evacuation Planner | | | X |
| 19 | Company's Health and Safety Plan (must be site specific and related to your scope of work and signed by the CEO/owner) | | | |
| 20 | Environmental Management Plan (include waste management which must be signed by the CEO/owner) | | | |
| | Name of Waste Disposal Site where Waste will be Disposed off. Copies of waste Disposal certificates will be required. | | | X |
| 21 | Method statement (how you are going to do your work) | | | |
| 22 | Hazard identification and risk assessments – based on method statement | | | |
| | Communication of Risks to be signed by ALL persons involved in the Project. | | | |
| 23 | Registers and checklists – general (if required as per scope of work) | | | |
| | - Material Safety Data Sheet register - MSDS | | | X |
| 24 | Accident/Incident Procedure | | | X |
| | - Appointment of accident/incident investigator | | | X |
| | - Proof of competency of investigator (certificate and CV) | | | X |
| | - Accident/Incident Register | | | X |
| 25 | Certificate of competency | | | |
| | - First aider (training record) | | | X |
| | - SHE representative (training record) | | | X |
| 26 | Medical Certificates for persons working above 2m on edges, on scaffolding, painting, rooftops and any person operating any machinery, Specialized Truck or Vehicle or Equipment etc. | | | |
| 27 | Certificates of competency of operators | | | x |
| | - Medical Certificates (to include lung function, hearing and eye tests) | | | |

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|----|--|--|--|---|
| | - Vehicle maintenance records | | | X |
| | - Operators appointments | | | X |
| | - Inspector appointments | | | X |
| | - Explosive power tools | | | X |
| | - Portable electrical tools | | | X |
| 28 | Toolbox talks | | | X |
| 29 | Awareness training records (how to use equipment correctly/waste management/site safety rules) | | | X |
| 30 | Accident/Incident Investigation | | | |
| | - Accident/Incident Register | | | |
| | - Accident/Incident Reporting Procedure | | | |
| | - Recording of the accident/ incident | | | |
| | - Employers report of the accident (WCL1 and WCL2) | | | |
| | - Emergency contact list | | | |

NB: Please ensure that your safety file is created in this order
All information in this file must be specific to the site/project
You are responsible to provide the necessary PPE for your employees to conduct their work.
Approval for ALL Safety Files take 14 working days