



# PROJECT SPECIFIC OCCUPATIONAL HEALTH AND SAFETY SPECIFICATION

Issued in terms of the Occupational Health and Safety Act, No.85 of 1993  
and its  
Construction regulations 2014

## EASTERN CAPE DEPARTMENT OF HEALTH

<b>PROJECT TITLE</b>	<b>RENOVATIONS TO THE MATERNITY WARD LINEN STOREROOM AND BURGLAR BARS AT BUTTERWORTH HOSPITAL, AMATHOLE DISTRICT</b>
<b>BID NO</b>	<b>SCMU3-25/26-0524-BTW</b>
<b>LOCATION</b>	<b>BUTTERWORTH HOSPITAL, AMATHOLE DISTRICT, BUTTERWORTH</b>

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## PROJECT SPECIFIC OCCUPATIONAL HEALTH AND SAFETY SPECIFICATION

### LIST OF ABBREVIATIONS

AIA	Approved Inspection Authority
BoQ	Bill of Quantities
CC	Compensation Commissioner
CHS	Construction Health and Safety
CHSA	Construction Health and Safety Agent
CHSO	Construction Health and Safety Officer
CR	Construction Regulations (Gazette 10113 of 07/02/2014)
ECDOH	Eastern Cape Department of Health
DMR	Driven Machinery Regulations
DoEL	Department of Employment & Labour
FEMA	Federated Employers Mutual Association
GAR	General Administration Regulations
GSR	General Safety Regulations
HCSR	Hazardous Chemical Substances Regulations
HIRA	Hazard Identification Risk Assessment
H&S	Health and Safety
ER	Engineer's Representative
LI	Labour Intensive
OH	Occupational Health
OHS	Occupational Health and Safety
OHSA	Occupational Health and Safety Act No. 85 of 1993 (as amended)
OHSS	Occupational Health and Safety Specification
PA	Principal Agent
PSHSS	Project Specific Health and Safety Specification
PC	Principal Contractor
PPE	Personal Protective Equipment
SANS	South African National Standards (Authority)
SDS	Safety Data Sheet
SMME	Small, Micro, Medium Enterprise
SWP	Safe Work Procedure
PA	Principal Agent
PSP	Professional Service Provider
CP	Cerebral Palsy

### DEFINITIONS

The definitions used will be those set out in the Regulation Gazette No 84 of 2014 7 February 2014 with the following additions:

**Client:** Eastern Cape Department of Health

**Construction Health and Safety Agent:**

A competent person appointed by the Client to carry out the duties of the Client in respect of Occupational Health and Safety on the Project in terms of Regulation 5 sub regs (5) and / or (6)

**Designer:** Means a competent person appointed by the Client as Agent to design, supervise and monitor construction on their behalf.

**Hazard:** Source of exposure to danger

**Hazard Identification and Risk Assessment (HIRA) and Risk Control:**

Means a documented plan, which identifies hazards, assesses the risks and details the control measures and safe working procedures which are to be used to mitigate and control the occurrence of hazards and risks during construction or operation phases.

**Health and Safety Agent:**

Means any person who acts as a representative for the Client in managing the overall health and safety work as their responsible person.

**Health and Safety Plan:**

Means a documented plan which answers to the Site-specific Health and Safety Specification; including all the supporting documentation that indicate how the Principal Contractor or Contractor plans to manage H&S for the duration of the Contract.

**Induction Training:**

Means once off introductory training on general health and safety issues given to all employees and visitors to the site before commencement of work on site.

**Principal Agent:**

Means a competent person appointed by the Client to design, supervise and monitor the construction on their behalf.

**Risk:**

Means the probability or likelihood that a hazard can result in injury or damage.

**Regulation/s:**

Shall mean the relevant regulation/s promulgated in terms of the Occupational Health and Safety Act, No. 85 of 1993.

**Site:**

Means the area in the possession of the Principal Contractor for the construction of the works. Where there is no demarcated boundary it will include all adjacent areas, which are reasonably required for the activities for the Principal Contractor and approved for such use by the Designer.

**The Act:**

Means, unless the context indicates otherwise, the Occupational Health and Safety Act, No. 85 of 1993 and Regulations promulgated thereunder, as amended.

**Workplace**

means any premises or place where a person performs work.

**KEY REFERENCES**

Occupational Health and Safety Act No. 85 of 1993 and Regulations (as amended)  
Compensation for Injury and Occupational Diseases Act No. 100 of 1993 (as amended)  
The GCC 3rd Edition 2015  
Construction Specifications & Standards 6.0 for Southern Africa. Hans Wegelin 6<sup>th</sup> Edition 2010  
SANS Code 10400  
SANS10085  
Compensation for Injury and Occupational Diseases Act No. 100 of 1993 (as amended)  
Risk Adjusted Strategy Regulation- issued by the Department of Cooperative Governance  
Asbestos Regulations 2001 – as amended in 2003.  
Asbestos Abate Regulations of 2020

## **SCOPE OF WORK:**

The following works is to be carried out at the Butterworth Hospital in Butterworth.

1. Alterations to existing storeroom -Main building- Level six: North Wing.
2. Burglar bars to windows
3. Aluminium windows
4. Security Gates
5. Replacement of double doors.

**(See detailed scope of works on the main Tender document).**

### **1. PREAMBLE**

Each year fatalities, serious injuries and poor attitudes of Contractors mar (spoil) the reputation of the Construction Industry. The Eastern Cape Department of Health has a responsibility to limit its risk by ensuring a zero tolerance and better practice approach to Contractors and those affiliated to a particular project. Thus, a high premium is placed on the health and safety (H&S) of Eastern Cape Department of Health stakeholders, which includes its employees, patients, professional service providers, public and physical assets. The responsibilities that the Eastern Cape Department of Health and relevant stakeholders have toward its employees are captured in but not limited to this document. The responsibilities stem from both moral, civil and a variety of legal obligations. The Principal Contractor is to take due cognisance of the above statement.

The Eastern Cape Department of Health, as the Client and where there is an appointed CHS Agent on its behalf, shall provide a project specific Health & Safety Specification (PSHSS) for the project and provide the Principal Contractor/s making a bid or appointed to perform construction work for the project, or parts thereof.

#### **1.1 Purpose of the Project Specific Health and Safety Specification (PSHSS)**

The PSHSS is a performance specification to ensure that the Client and any bodies that enter into formal agreements with the Client viz. Agents, Professional Service Consultants (Engineers, Quantity Surveyors and Architects), Principal Contractors and Contractors achieve an acceptable level of OHS performance. No advice, approval of any document required by the PSHSS, such as hazard identification and risk assessments, or any other form of communication from the Client shall be construed as acceptance by the Client of any obligation that absolves the Principal Contractor from achieving the required level of performance and compliance with legal requirements. Furthermore, there is no acceptance of liability by the Client, which may result from the Principal Contractor failing to comply with the PSHSS, i.e. the Principal Contractor remains responsible for achieving the required performance levels.

A Mandatary Agreement in terms of Section 37.2 of the OHSA will be signed between parties prior to any works commencing.

The PSHSS highlights the aspects to be implemented over and above the minimum requirements of current legislation. Requirements may be changed should new risks or issues are identified that could not have been foreseen during the design phase of the project, or during the construction phase. Any

new legislation or standards (legislated or determined by Eastern Cape Department of Health that are promulgated or accepted during the contract will automatically be applied.

It should be noted that this OHSS in no way relieves the Contractor of any of his responsibilities set out in the Act and Regulations.

## **1.2 Implementation of the Project Specific Occupational Health and Safety Specifications (PSHSS)**

The project specific H&S specification (PSHSS) forms an integral part of the Contract, and PCs are required to make it an integral part of their Contracts with Contractors and Suppliers. A PSHSS will be available for each level of Contract and Contractor and must be complied with.

This specification must be read in conjunction with the OHSA, Regulations (as amended) and any other standards relating to work being done and ensure compliance thereto.

The information relative to the scope of the project, the works etc. are detailed in the tender, are to be considered when developing the H&S plan and associated documentation. The summary of risks is included in Section 2 of the PSHSS.

The OHSA S.37.2 Mandatory Agreement must be fully completed (initialled, signed and dated) by the PC, supplied by the Client. These documents shall be deemed to form part of the returnable Contract Documents.

No work may commence without written approval of the H&S plan by the CHS Agent, or the responsible person from the Eastern Cape Department of Health as well as the approval of the Construction Work Permit or Notification of Construction Work from the Department of Employment and Labour.

Should there be design changes, or change in the scope of works, an amended PSHSS may be issued. Where amended PSHSS are issued, the PC will be required to ensure a resubmission of an amended H&S plan for approval.

Further to this, the PC must ensure that similar information must be provided as it applies to the works to all their Contractors, within 5 working days following notification thereof of such design changes.

The CHS Agent will visit the project monthly and as deemed necessary by the Designer/ Client and the CHS Agent is to ensure compliance and limit the risk. All activities on the site and all appropriate documentation will be monitored and findings will be reported to the Client and the Designer.

Non-conformances will be issued, and penalties or work stoppage will be issued where appropriate. Communication between the CHS Agent and the PC will be through the Designer (PA) (or Client's responsible person) as determined at the commencement of the project.

## **1.3 Requirements at Tender Stage**

Tenderers are required to submit a project specific pre-tender H&S plan with their Tender submission. The documentation submitted will be used to assess the competence of the tenderer, as required in the CRs, therefore the information submitted needs to be complete and as close as possible to the final product.

Adequate pricing for H&S is required, and the appropriate section in the BoQ is to be completed. Failure to do so could result in the Tender being regarded as non-responsive.

The PC shall ensure that adequate information is submitted as supporting documentation with his/her completed Tender. Such information will be assessed against the criteria listed and a score provided

to the Bid Award Committee (BAC) for consideration. Failure to provide such information could render the tender application non-responsive.

A Project Specific H&S Plan in response to this PSHSS will be subject to approval by the CHS Agent. This must include all supporting documentation as required to verify the H&S system:

- A declaration to the effect that the Principal Contractor has the competence and necessary resources to carry out the work safely in compliance with the Occupational Health and Safety Act and its Regulations.
- A valid Letter of Good Standing.
- Detailed technical Method Statements for approval by the Designer and appropriate Risk Assessments and Safe Work Procedures for approval by the CHS Agent or Client for all high-risk items.

Further method statements are to be submitted prior to, and during the project where changes or new work is required, and the approval of the Designer/Client is required before work on that aspect or activity can commence.

The CHS Officer is to be included in production planning sessions/meetings to ensure that the appropriate risk assessments, safe work procedures and communication required are available and completed timeously.

## 2. GENERAL REQUIREMENTS

### 2.1 Summary of Risks identified during Design.

The intention of the summary of findings from the design baseline risk assessment is to highlight the residual risks identified during the design phase. The full design risk assessment can be found in the tender document.

The summary of risks provided is to point the contractor towards some risks he may not be aware of during tendering stage and while developing his/her formal risk assessments for the project.

The design risks and the management thereof should be included in the Principal Contractors (PC) risk assessments. Where there are other Contractors appointed to do work, the PC is to ensure that Contractors include such information in their risk assessments.

***The summary is to be developed following the completion of the Baseline risk assessment, and to include the residual risks as they apply to the project. The items noted are for information only and must be expanded on as required by the project.***

- *Site Establishment;*
- *Weather-Related;*
- *Equipment and Machinery;*
- *Chemical and Environmental;*
- *Traffic and Site Access;*
- *Subsurface Utility Conflicts;*
- *Wildlife and Insects;*
- *Material Handling and Lifting;*
- *Personal Protective Equipment (PPE);*
- *Communication Hazards;*
- *Inadequate Training;*
- *Client and Public Relations;*
- *Infection Prevention Control;*
- *Patient and Visitor Awareness;*
- *Emergency Response Coordination;*

Health and Safety Specification

Butterworth Hospital – Butterworth

- *Patient Privacy and Confidentiality;*
- *Noise and Disturbance;*
- *Hospital-Specific Protocols;*
- *Emergency Medical Services (EMS) Access;*
- *Communication with Hospital Staff;*
- *Biological Risks;*
- *Risk to the Environment including dust management;*
- *Unknown and existing services;*
- *Electrical Equipment;*
- *High Pressure Equipment;*
- *Working at Heights;*
- *Scaffolding*
- *Excavations*
- *Concrete Work*
- *Hazardous Chemical Substances*
- *Ergonomics*
- *Lifting Equipment*
- *Traffic Accommodation*
- *Demolishing*
- *Waste Management*
- *Asbestos Management*
- *Exposure to Sewerage*
- *Certificates of Fitness*

### **3. OCCUPATIONAL HEALTH & SAFETY MANAGEMENT**

#### **3.1 Structure and Organization of H&S Responsibilities**

##### **3.1.1 Notification of Commencement Of Construction Work**

The Contractor must acquire a “Notification of construction work” from the Department of Employment and Labour, 7 (seven) days prior to works commencement.

Work may not commence without the “Notification to do Construction Work” form being completed by the contractor and accepted by the Department of Employment and Labour. This includes, inter alia, the Contractor’s Health and safety Plan as accepted by the Client.

It should be noted that this OHSS in no way relieves the Contractor of any of his responsibilities set out in the Act and Regulations.

##### **3.1.2 HEALTH AND SAFETY PLAN FRAMEWORK**

The H&S aspects related to the project outlined in the previous sections are to be considered when drawing up the H&S Plan. The PC is required to demonstrate competence by providing an H&S system that will address the requirements of the project.

The current legislative requirements, SANS codes, SANS 10400 and any other standards that may guide practice are to be taken into consideration. The following aspects must be addressed in the H&S Plan, as they have been identified in section 2, as playing a role in reducing the overall risk of a particular activity, or section of the project. The CHS Agent may from time-to-time request additions or systems as they relate to the works or legislative requirements at the time.

The PC is to prepare a site layout drawing to indicate at least the following:

- The positions of site offices of all Contractors, toilets, drinking water and worker rest areas;
- Indicate the positions of emergency personnel and equipment (fire, first aiders, first aid posts);
- Protection of plant and pedestrians, indicate parking, and
- Storage areas (materials and equipment, waste etc.)
- Access and egress to site for deliveries and intended temporary traffic management,
- Emergency assembly point
- Designated drive and walkways

Such layouts are to be updated regularly throughout the project and conspicuously displayed and communicated to all employees, visitors, occupants.

### **3.2 Appointment of Competent Site Personnel**

The CEO (OHSA S16.1) of the PC will take overall responsibility for the appointment of competent site staff for the duration of the project. Should the CEO not be personally involved in the project, his/her H&S responsibilities are to be delegated to the Construction Manager, thus holding 2 (two) legal appointments as follows: (OHSA 16.2 & CR 8.1). The relevant knowledge and training in H&S is legally required, and competency certificates indicating H&S training as well as experience to be included in CVs of all key legal appointees.

All other legal appointments are to be made with relevance to the type of work required and kept current with the project programme. The construction team is to ensure the appointed CHS Officer is kept up to date with all planned activities, to ensure all H&S requirements are met.

All construction/technical method statements are to be generated by senior site personnel, such as Construction Managers, Supervisors etc., and the appropriate risk assessments and safe work procedures developed therefrom in conjunction with the CHS Officer and appointed competent Risk Assessor.

The Occupational Health and Safety Plan shall include, but is not limited to the following key appointments:

#### **3.2.1 Construction Supervision**

A Competent Full-Time Construction Manager(s) (CR8.1) should be appointed to manage part or all of the works and have training and/or experience in the area of responsibility. All site construction supervisors must show evidence of appropriate training in H&S, and an understanding of or training in areas of responsibility (i.e., risk assessments, method statements, legal liability training etc.). Multiple competent Assistant Construction Manager(s) (CR8.2) may be appointed where justified by the scope and complexity of the works.

Curriculum Vitae (CVs) are to be submitted for approval by the Designer (PA) and/or Client. The Construction Supervisor will be held responsible for the safety of working teams and his/ her subordinates, housekeeping, stacking and storage of materials etc.

If the Construction Manager (CR8.1) changes throughout the project. The Principal Contractor must ensure to provide the proposed Construction Manager CV and certificates for approval and then update the Annexure 2, Company Structure (Organogram) and ensure that the appointment letter as well as proof of competency are available in the Health and Safety File.

### **3.2.2 Construction Health and Safety Officer**

The PC will employ at least one competent, full-time CHS Officer (CR8.5) for the duration of the contract. The CHS Officer's CV and Competency Certificates are to be submitted for approval by the CHS Agent or the Client, at time of tender. The PC is to ensure adequate resources are provided in order to undertake all responsibilities (i.e. mobile phone, computer and internet access, vehicle etc.) Qualifications shall include at least Grade 12, Diploma in H&S qualifications or similar, with exposure to civil engineering and building that is appropriate given the level of project complexity preferably in an OHS capacity. He should also have undergone training in the Act and Regulations. In the case of a contract where contractors are employed, the CHS Officer must have a competence to evaluate the Contractors Health and Safety plans.

Proof of registration as a Construction Health and Safety Officer with SACPCMP must be supplied.

This person may not hold any other position on site (except for H&S related positions)

The construction supervisor may not act as the CHS Officer.

The CHS Officer/s, Construction Manager and Supervisors will be held responsible for all H&S on the project.

- Senior site staff and supervision, Contractors are to follow systems, instructions etc. given by the CHS Officer at all times.
- No new workers or Contractors may commence work without approval or following the H&S plan as submitted, and
- No inductions of Contractor staff should take place until the H&S documentation is approved by the CHS Officer.
- The CHS Officer/s may not be removed or replaced without the approval of the CHS Agent, nor may the site be left unattended for more than 1 day without adequate, competent cover.

A monthly report of all H&S activities and incidents is required by the end of the first week of each month, or at a date agreed to by the CHS Agent/Client and the CHS Officer. An example of the monthly report is attached as an Annexure C.

The CHS Officer will be responsible for collating the H&S documentation at the close out of the project in electronic format. The PC is to ensure that all Contractors' documentation follow the same requirements and that close-out H&S documentation must be completed and be available with the close out of the main contract. It is advisable to scan all documents in the safety file on a weekly basis and file them according to their respective folders.

If the CHSO is replaced, the Principal contractor is required to submit the following documentation for approval by the Client and appointed Pr. CHSA at least two weeks before as The Department of Employment and Labour will need to be notified regarding the changes:

1. Applicant CV
2. Applicant Competency
3. Valid SACPCMP CHSO Letter of Good standing

Failure to do so will be considered a serious offence and penalties /stoppage of site will apply.

### **3.3 Health and Safety Representatives and H&S meetings**

H&S Representatives representing workers and Contractors are to be appointed following the startup of the project, irrespective of the number of workers on site.

The appointed H&S Representatives are to be actively involved with H&S and will assist the CHS Officer and site management in meeting legislative duties and facilitating the H&S concerns of the workforce.

The CHS Officer shall further ensure that H&S is discussed at all internal production or progress meetings. Issues arising from the CHS Agent audits are to be discussed, as well as all H&S related issues.

Minutes are to be kept for all H&S interventions and meetings.

Failure to do so will be deemed to be a moderate offence.

### **3.4 Appointment of Competent Contractors**

The Principal Contractor is to ensure compliance with the Client's minimum standards and all legislative requirements. The same H&S standards required of the PC are to be applied to all Contractors. An index of all Contractors and Suppliers is to be on file and kept updated at all times. The PC is to ensure there is sufficient funding for H&S compliance by each Contractor.

The following minimum aspects are applicable to any Contractor appointed:

- The CHS Officer is to ensure a contractor's appointment and approval of H&S documentation at least seven (7) working days prior to commencing work.
- The contractor should take note of the required workload of the appointed CHSO in relation to the appointed SMME's.
- No Contractor may work under the PC's Compensation registration number. If required, the PC may assist SMMEs with their registration with the Compensation Commissioner. However, such Contractors will not be able to commence work until proof of registration or Letter of Good Standing has been received.
- No work may commence without Mandatory agreements and Contractor Appointment Letter between parties is in place.
- Proof of competency certificates for all the related works/tools/equipment/materials should be filed

The following aspects are applicable to Suppliers or short-term works (surveying, repairs, servicing, deliveries etc). Cognisance is to be taken of the level of risk involved and the CHS Officer is to ensure the level of H&S documentation is appropriate:

- Contractor Appointment Letter
- Signed Mandatory agreements in place.
- Valid Letter of Good Standing
- Method statements, Safe work Procedures and risk assessments related to scope of works
- Available information relative to:
  - Load testing and registers for cranes or lifting devices.
  - Medical certificates of fitness done by an Occupational Health Practitioner
  - Safety data sheets (SDSs)

Failure to provide the required H&S documentation will be considered a serious offense, and could result in aspects of, or all the activities being stopped, and penalties implemented.

## **4. GENERAL RISK MANAGEMENT**

### **4.1 Health Risks and Medical Surveillance**

As some products used in the building work have not been identified, the PC is to ensure the CHS Officer and all Site Management are responsible for ensuring the safe use of such products, and their inclusion into method statements, safe work procedures and risk assessment. The appropriate SDSs

are to be obtained for all products/material and used to develop the H&S documentation as they relate to the works.

Many of the processes may be labour intensive and ergonomic risks are to be noted. All workers (including Contractors) are to be included in the medical surveillance programme.

Workers will be exposed to biological risk, noise, dust, and physical risks from extended periods of work of a repetitive nature, materials specified and the general nature of the business.

Environmental monitoring results and risk assessments are to be made available to the occupational health professionals doing the medical surveillance. The use of occupational risk exposure profiling (OREPS) and job descriptions are to be used to determine specific exposures for management.

All permanent workers (including those of Contractors) are required to be in possession of a medical certificate of fitness issued by an Occupational Medical Practitioner prior to commencing work. Medical surveillance will commence at pre-employment. All workers (including Contractors) are required to be in possession of a medical certificate of fitness prior to commencing work. Annual medical surveillance is required (unless identified as being required more frequently), Arrangements for keeping medical records for the required time are to be noted. It is recommended that the PC has a medical surveillance plan. Full medical records are not to be placed in the H&S file, if the procedure for managing the medical records which require safekeeping for prescribed periods are to be addressed. It should be noted that the time period for keeping medical records where asbestos is present is a period of 40 years. Given the potential health risks the following aspects are to be included in each medical surveillance intervention:

- Full medical, surgical and occupational history;
- Full physical examination of all systems; and
- Referral if required for the management of identified health issues that may affect the worker.

Specific testing for existing conditions and limitations relative to exposure could include, but are not limited to:

- Audiometry (hearing tests); and
- Any other tests identified as relevant from chemical or specifically identified risks of exposure.
- Vision test, Spirometry tests etc.

No employee/ contract worker will be allowed on site without a valid medical certificate of fitness.

Many of the processes may be labour intensive and ergonomic risks are to be noted. All workers (including Contractors) are to be included in the medical surveillance programme.

Workers exposed to sewage or human waste must have vaccinations up to date i.e.: Tetanus, polio, typhoid fever, Hepatitis A and Hepatitis B vaccinations.

All employees should undergo Exit Medical Examinations when they leave the project.

Failure to do so will be considered a serious offence.

### **5.1.1 General Environmental Conditions**

Compliance with the Environmental Regulations (as amended), among others is required. Environmental monitoring of ventilation, lighting and dusts may be deemed to be required by the Approved Inspection Authority used to measure the environment. Copies of the relevant reports and actions taken in respect of these are to be placed in the H&S file.

### 5.1.2 Noise and Dust Control and Risk

All plant from plant hire companies (suppliers) or that of the PC is to be compliant with the Noise Induced Hearing Loss Regulations. Plant identified that has not been tested and marked for noise emissions will result in having to be tested at the Contractors or PCs expense. Failure to do so within a reasonable time period will result in such plant being removed from site.

Audiometric testing of all workers is noted as required in the medical surveillance programme for all workers prior to work commencing. Temporary labour working in identified noise areas will require testing if the noise levels are indicated on plant or through processes as greater than 85dB. Audiometry records are to be available in the H&S file.

Suitable SANS approved hearing protective equipment shall be issued and worn. Where several items of construction plant are in operation at or near to each other, the noise zone for the combined plant should be established and suitable hearing protective equipment used within this zone.

The PC must ensure to take note that the facility will be fully operational and take extra care and planning communicated to the hospital staff to ensure that noise and dust does not interfere with daily activities.

### 5.2 Emergency Procedures

An emergency plan and procedure that is appropriate to the risks is required prior to commencement of works on site. It is advised that the system should be simple and easy for any worker to follow. The plan may be reviewed should new information or risks be identified.

The contractor will take into consideration the existing emergency plan and procedures of the existing facility. It must be noted that the Facility will be fully operational during construction works.

The procedure shall detail the response plan in relation to the works, and include at least (but are not limited to) the following key elements:

- Appointment of a competent emergency response co-ordinator
  - Fire;
  - Public injury, Motor vehicle accidents;
  - Falls from heights;
  - Serious injury to workers (medical or work-related); and
  - Any other major risks identified during risk assessments.
  - First Aiders

Emergency Drills to be conducted bi-monthly for the below:

- Fire drill.
- Bomb threat.
- Fall from Heights Rescue procedures.
- Security drill

The emergency plan is to ensure the inclusion of local service providers where possible. Such arrangements should be made with these persons prior to the commencement of the project. Local emergency telephone numbers must be displayed and made part of the emergency procedure.

The general principles of emergency management are to be applied as it applies to the hierarchy of control and management.

### 5.2.1 First Aiders and First Aid Equipment

At least 2 first aiders will be trained to Level 3 First Aid Course. First aiders should be available and accessible on site at all times and be able to work as a team when responding to any emergency on the project.

Contractors are expected to ensure compliance and provide/manage their own first aiders and equipment. The number of First aiders will be determined by the complexity and exposed risks of the project, not the number of workers.

Appropriately stocked first aid kits, as per the GAR requirements, are to always be available to assure continual availability and access on site.

First aiders shall be available and accessible on site at all times and be able to work as a team when responding to any emergency on the project. The contractor is to ensure that the first aider forms part of the rescue planning emergency situations when working at heights.

### 5.2.2 Fires and Emergency Management

Attention to emergency planning and procedures is very important. The full emergency plan must form part of the supporting documentation with the H&S Plan. The CHS Agents approval of all emergency plans and procedures is required prior to commencement on site. It is advised that the system should be simple and easy for any worker to follow. The plan may be adapted should new information or risks are identified.

First aiders shall be available in each working team and be able to work as a team when responding to any emergency on the project.

The procedure shall detail the response plan in relation to the works, and include at least (but are not limited to) the following key elements:

Appointment of a competent emergency response co-ordinator and wardens;

- Lists of first aiders, and
- Requirement in terms of identified risks:
  - Fire;
  - Explosions;
  - Falls from heights, and
  - Motor vehicle accidents.
  - Biological risks: e.g., disease outbreaks

The emergency plan is to ensure the inclusion of local service providers where possible. Such arrangements should be made with these persons prior to the commencement of the project.

The emergency plan is to include the risk of fire on site and related to any specific activities where gas, welding, cutting etc. occur.

Fire extinguishers will be appropriate for the risk and in sufficient numbers to deal with the type of fires that could occur. All mobile plants are to have appropriate, accessible fire extinguishers. Hot work permits are required for any such activities.

### 5.2.3 Incident Management and Compensation Claims

All incidents and accidents are to be investigated. All serious incidents involving any form of disabling injury or fatality are to be reported to the Department of Employment and Labor, Designer (PA) /Client /CHS Agent immediately. This shall be confirmed in writing following the incident. Full details are to be included in each site meeting or when the Client visits site. A summary of incidents is to be included in the monthly report.

Any person who contracts an Occupational Disease will need to be reported to the Compensation Commissioner as an occupational disease where their work is to monitor and in contact with others. Such details are provided in the Compensation for Injuries and Diseases Act (COIDA).

Failure to comply with emergency provisions will be considered a serious offence, and the operation or project may be stopped if deemed inadequate for the work at the time of assessment or site inspection.

### **5.3 Personal Protective Equipment (PPE) and Clothing**

The PC is to provide a procedure as an addendum to indicate how PPE is managed within the Company.

The wearing of the identified SANS approved PPE. The PC shall ensure that all workers (Including Contractors) are issued with and shall wear:

- Hard hats;
- Protective footwear;
- Dust Masks
- Hand Gloves
- Overalls that ensure worker visibility.
- Eye protection (if required)
- Hearing protection (when required)
- Reflective jackets (no bibs)
- Harnesses (working on heights)
- Respiratory protection (minimum of FFP2), and
- Any other necessary PPE identified from SDSs and/or risk assessments.

Adequate quantities of PPE shall be available. This shall include the necessary PPE for visitors. The procedures for managing PPE are to be in a formal procedure submitted with the H&S plan for approval.

Any person (including Client, Designers (PA) & PSP'S etc.) found on site without the necessary PPE will be removed from site until the PPE is supplied and worn.

Failure to comply will result in penalties being applied.

### **5.4 Occupational Health and Safety Signage**

On-site H&S signage is required and shall be posted up at fixed or temporary working areas, or other potential risk areas/operations. These signs shall be in accordance with the requirements of the General Safety Regulations or SANS requirements as amended. Signage is to be noted on the site drawings indicating where fixed/temporary signage is required.

It should be noted that the Facility will be fully operational during construction activities and the contractor to ensure sufficient separation.

Temporary signage is to include (but not be limited to) the following:

- Report to site office/ 'Warning: Construction Site – Keep out' or similar;
- Site office
- hard hat area or other PPE requirements noted;
- First aid box positions (including vehicles); and
- Fire extinguishers.
- Assembly Area
- Noise areas

Signs shall be posted at areas of work on site indicating that a construction site is being entered and that person's should take note of H&S requirements.

Note should be taken that "omnibus" signs indicating that the entire site requires PPE should not be used. Any areas where PPE is mandatory must be separately signed.

The Principal Contractor must ensure that members of the public that need to access the facility will not be able to gain access to the construction area. It should be noted that the facility will be fully operational, and the construction area should be properly and securely barricaded at all times.

Failure to comply will result in penalties being applied.

## **5.5 Induction of Employees and Visitors, General H&S Training**

A simple, formal induction programme is to be submitted as an addendum for approval with the H&S plan. Inductions must be carried out for all workers and visitors (including Client and PSP's) to the site.

Pre-task training is required to ensure workers are familiar with the risks and H&S measures of the work or tasks to be done. Such training is to be done at least daily. Records of inductions and pre-task training are to be kept in the H&S file.

Any person found on site without proof of induction in the H&S File will be removed from site until the proof is supplied and, and a penalty issued per non-compliance.

## **5.6 Management of Plant and Equipment**

Close control of plant and equipment is required, including that of Contractors. No Manmade and damaged equipment to be used on site, control of all equipment and plant is required. It should be noted that control measures should be implemented especially between the working areas and should at all times be separated from the existing facilities employees' persons and vehicles.

Daily monitoring of all plant and equipment is required prior to commencing work. Full lists of hired and own plant are to be available at the CHS Agent's/Client audit.

All daily inspection records are to be kept in the H&S file. Plant Hire and Haulage Contractors are to comply with the requirements where plant and equipment is brought onto site. Registers are not to be more than 1 week behind (should be completed as and when required)

Only competent, fit plant operators are to be used and in possession of medical certificates of fitness. Any plant or slings used to lift plant or material require annual load testing by an AIA, and all certificates must have the testers LMI/E number. Operators are to be adequately trained and certified to operate mobile cranes or crane trucks. Certificates and registers are to be placed in the H&S file.

Movement of plant in closures and in confined working areas is to be closely monitored and managed by the supervisors. The blind spots of plant are to be taken into account and workers and Contractors protected accordingly. Availability of spotters and flaggers should be prioritised.

Failure to do so will be considered a serious offence.

## **5.7 Working at Heights**

The appointment Fall protection planner to be approved prior to appointment. A fall protection and rescue plan is to be available and supplied as an addendum to the H&S plan. The Fall protection plan to be submitted for approval prior to working at heights. The fall protection plan must be appropriate for the project. Method statements, appropriate risk assessments, safe work procedures and training are to be available prior to work commencing.

Construction drawings shall be required for all temporary structures as they relate to the project. The

drawings shall be accompanied by full calculations, design loads and any relevant test results as required by the SANS code and ensure adequate allowance for the development of appropriate documentation and training. All drawings are to be checked and signed by a competent structural engineer (registered with ECSA).

The focus for working at height shall include fall prevention and restraint systems where possible except during assembling or dismantling top components or where it is not deemed safe.

The relevant SANS codes are to be applied as they apply to the works and the project, such as:

- SANS 10085
- SANS 10333 (parts 1-3)

Should part of the works be contracted out, competent Contractors are to be appointed and submit documentation according to the project requirements. The PC is to note if such work is to be contracted to specialists in the H&S Plan.

The plan is to be developed, and work managed by a competent person for the duration of the project. The following aspects must be included:

- The public or users of buildings are to be protected at all times by way of hoarding, barricading or fencing;
- Notices to be posted;
- Restrictions or stoppage when weather conditions are deemed hazardous;
- Permit system for working at heights;
- Prevention of falling tools or equipment;
- Link to emergency plan regarding rescue.

All workers are to be in possession of valid certificates of fitness that extend for the duration of the works. Note the requirements in the section relating to medical surveillance.

Registers and all relevant documentation are to be placed in the H&S file.

Work will be stopped, and penalties applied to any work at heights that is not compliant.

## **5.8 Auditing**

Frequency of external auditing by the CHS Agent or Client will be conducted every 30 Days to ensure that the contractors conform to the requirements of the Construction Regulations. The site will be inspected, and the documentation audited relative to the activities and H&S plan. The CHS Officer of the PC must accompany the Client, or the CHS Agent, on all audits and inspections.

The PC will ensure that all their Contractors are audited at a frequency determined by the CHS Agent. Audit frequency may be increased if Contractors are not performing adequately. Audit results will be acted upon, and non-conformances and penalties issued where deemed appropriate. The Client, Designer or CHS Agent may act or require further outcomes if non-compliances are noted, or unsafe acts or conditions are noted on site.

Internal audits are to include site conditions as well as ensuring H&S files are appropriate, and compliant. Comprehensive audit reports are to be made available, the format of the audit reports are to be acceptable by the CHS Agent.

The PC will be audited using a template as supplied in the tender document. The audit template will be adjusted from time to time relative to the activities on site. A similar process is to be used by the PC when auditing their Contractors on site. Compliance with legislative requirements and the systems provided by the PC to manage the H&S on site will be measured. Full compliance is required. Time limits for corrective actions will be set and must be adhered to.

Failure to address findings or non-conformances will be considered a serious offence.

## **5.9 Communication on Site**

All H&S communication during the project between the CHS Agent and the PC will be done through the PA/Clerk of Works/Client and be in writing, including the issue and responses to non-conformances and H&S audit results.

Failure to address issues timeously will be considered a serious offence.

## **5.10 Care of Workers on Site: Access/Egress of Site / Welfare Facilities**

### **Access**

Contractor to ensure that Access control to be in place, hoardings erected to separate site from public. Extra hoarding to be in place to ensure the public and personnel are kept out of the construction site. The Facility will be fully operational, and the contractor must ensure no unauthorised entry by the public, patients as well as employees of the hospital at any time.

### **Welfare Facilities**

Adequate toilets, clean, safe drinking water and decent shelter must be afforded workers at all times. Toilets will be within reasonable distance of workers, or placed with each working team in safe, with reasonable privacy. Existing facilities may not be shared with existing users of the facility. No substances containing Formaldehyde may be used in Chemical Toilets.

Ablution facilities are an essential facility that must be available for workers across a site. Facilities are a high-risk area and increased cleaning regimes are required to be introduced. A policy on how this will be done is required, that will cover both portable and permanent facilities. The following are considerations, that include, *inter alia*:

- Portable toilets to be provided at a 1:15 ratio but be sanitized daily as per Occupational Health and Safety Measures in Workplaces or more frequently.
- Where there are more than 15 employees on site, facilities should be provided for different sex e.g., female and male toilets to be provided.
- Cleaners to continually clean and have a formal cleaning regime.
- Hand washing facilities (soap and water, paper towel) to be available where possible, and if not, to provide hand sanitizer.
- Induction training to educate to ensure all users are hand washing correctly.
- Flush toilets preferably 1:15 unless increased cleaning regime present.
- Restrict the number of people using toilet facilities at any one time e.g., use a welfare attendant.
- Wash hands before and after using the facilities.
- Enhance the cleaning regimes for toilet facilities particularly door handles, locks and the toilet flush.
- Portable toilets should be avoided wherever possible, but where in use these should be cleaned and emptied more frequently.
- Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal that need to be managed as hazardous waste.
- Introduce staggered start and finish times to reduce congestion and contact at all times.
- Consider increasing the number or size of facilities available on site if possible.

## **5.11 Discipline, Alcohol and Substance Abuse**

All employees (management included) are to follow instructions given in the interest of H&S. Disciplinary action is to be imposed on those who do not follow such instructions or company rules or policies. Contractor to always follow health centre safety rules (Refer to 5.20) not to interfere with the centre activities.

No person is allowed to work or access site if under the influence of alcohol or other substances that could impact on their own or others safety. The PC is to have a drug and alcohol policy available and communicated to all employees to manage such instances.

These requirements are applicable to any employee of any organization providing services on site. Penalties may also be applied by the Client, OHS Agent or Engineer.

The contractor will ensure to adhere to the hospitals rules and policies at all times.

### **5.12 Electrical Equipment**

In addition to the requirements of the Electrical Machinery Regulations and the General Machinery Regulations any electrical distribution board used for construction work shall be fitted with suitable earth leakage protection.

Contractor to provide a Certificate of Compliance for all temporal distribution boards.

Leads must be properly and firmly connected. Plugs and sockets shall be in good and safe condition.

All electrical apparatus, other than electrical hand tools, shall have a physical "lock out" system which will prevent any operation other than that authorized by a supervisor. A "lock out" sign shall be displayed when the apparatus is not in use.

Method statements and safe work procedures will be required for all work involving electrical apparatus.

### **5.13 Asbestos Management**

There is no identified Asbestos work in this project, however, should the need arise, all asbestos work will be done in compliance with the Asbestos Abatement Regulations 2020

#### **Asbestos Removal**

Any work on Asbestos containing material including removal must be done by an approved asbestos contractor.

The approved asbestos contractor is required to submit a methodology for removal of asbestos containing materials (To be approved by Client / Client representative before work commences).

The H&S specification provided by the PC is to include as much information as possible relative to the requirements relating to asbestos.

The contractor will be required to develop an asbestos workplan for approval by the client / client representative as well as approval of all general information required of Contractors.

Contractor to ensure that the removal of any asbestos containing material must be documented, and proof kept thereof in the Health and Safety File.

All asbestos containing material removed on site will be disposed of at an accredited disposal site and disposal certificates must be obtained and kept on file.

Failure to do so will be considered a serious offence.

#### **Surface preparation and Painting**

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Surface preparation and painting of identified areas that have asbestos containing materials as identified in the Asbestos Survey report.

A full Asbestos Survey report will be issued to the successful bidder.

Surface preparation and painting of asbestos containing material requires extreme caution due to its hazardous nature. Asbestos fibres, when disturbed, can become airborne and pose serious health risks if inhaled because of that this work must be done by an accredited asbestos contractor.

Safety Equipment: Before attempting any work on asbestos containing material, the contractor is to ensure that all workers in the area wear the required PPE at all times.

Contractor to submit methodology for the work (To be approved by client /client representative before work commences).

The H&S specification provided by the PC is to include as much information as possible relative to the requirements relating to asbestos work.

Failure to do so will be considered a serious offence.

#### **5.14 Demolition**

Care is to be taken during demolition of walls; a stability survey should be carried out by a competent person. All rubble to be disposed on a regular basis and at a controlled refuse site.

Demolition plan to be submitted by the Principal Contractor for approval before any demolition commences.

The Contractor must at all times take into account that the Facility will be fully operational during the emergency repairs. Extra care to be taken at all times.

Failure to do so will be considered a serious offence.

#### **5.15 Barricading and Hoarding**

It is the responsibility of the contractor to ensure to price correctly for barricading and hoarding as the construction site (each separate construction area) must be securely barricaded from the facilities to ensure that no public, hospital employees or patients can gain any access to the construction areas. Contractor to ensure that the barricading/ hording is maintained at all times as the facility will be fully operational.

**DANGER TAPE OR CANDY TAPE IS NOT PERMITTED TO BE USED ON SITE AS A MEANS OF DEMARCATION!**

- Security Plan: Develop a comprehensive security plan to address potential risks during construction. This should include measures to safeguard patients, staff, and sensitive information.
- Temporary Barriers: Install temporary barriers to maintain a level of security during the transition. This might include temporary fencing or barricades to restrict unauthorized access.

- Access Control: Implement strict access controls to ensure that only authorized personnel have entry to the construction site. Use identification badges and limit access points.
- Communication: Keep communication channels open between construction teams, facility staff, and security
- Personnel. Regular updates can help address concerns and mitigate potential issues.
- Patient and Staff Safety: Prioritize the safety of patients and staff by ensuring clear signage, safe pathways, and minimizing disruption to critical hospital areas.
- Security: Increase the presence of security personnel in and around the construction site to monitor activities and respond promptly to any emergency
- Emergency Response Plan: Develop an emergency response plan specific to the construction project, outlining procedures for evacuations, medical emergencies, or security breaches.
- Collaboration with Authorities: Coordinate with local law enforcement and emergency services to ensure they are aware of the construction activities and can respond swiftly if needed.
- Community Engagement: Inform the surrounding community about the construction plans and potential disruptions, emphasizing efforts to maintain safety and security.

#### **5.16 Traffic Management**

The contractor to develop a comprehensive traffic management plan that includes:

- A site-specific traffic flow diagram.
- Identification of high-risk traffic areas or zones.
- Strategies to minimize disruptions to normal facility operations.
- Measures to control vehicle and pedestrian movement around the work area.
- Clear signage and demarcation of safe areas.
- Procedures for managing temporary road closures or detours.
- Provision for emergency vehicle access.
- Plans for managing deliveries and contractor vehicles.

#### **5.17 Temporary Works - Scaffolding, support work, formwork**

Temporary works must be properly designed and signed off by a competent person. In these instances, a competent person is defined as a Professional Engineer or Professional Technologist (registered with ECSA) who has sufficient experience in the design of the type of temporary work in question to be able to assess the design. The appropriate competent persons are to be appointed to manage and monitor such works to the satisfaction of the Engineer and CHS Agent. Records and registers are to be properly completed and kept in the H&S file. If temporary works are to be erected by a Contractor, this must be notified to the Designer/CHS Agent. All necessary calculations and drawings of temporary works must be kept on site and available to the PA and CHSA.

All scaffolding / temporary works support work must have design drawings that includes load bearing and approved by competent person.

## **5.18 Biological Hazards**

It should be noted that while performing construction work at Butterworth Hospital, it is possible for construction workers to get into contact with biological risk. Coordination between contractor and hospital infection control shall be implemented to address any concerns relating to biological hazards. All workers entering the construction site must undergo training on the identification and handling of biological hazards prior to commencing work. Contractors shall apply appropriate health and safety measures including PPE and hygiene protocols as per the regulations for hazardous biological agents.

The baseline site HIRA should continue to acknowledge Viral Hazardous Biological diseases outbreak as a general Hazard. Should there be an outbreak the HBA Regulations will apply, and this may require additional controls like HIRA, method statements that address transmission prevention planning, PPE and signage.

## **5.19 Safety Rules with respect to work to Health Care Facilities**

All persons on the premises shall obey the ECDoH & facilities' Health and Safety rules, procedures and practices.

All work shall be carried out within normal working hours except certain essential works which may need to be carried out after hours or over weekends.

Arrangements for such work to be agreed in advance between the Contractor and the facility.

Emergency / Firefighting equipment belonging to the premises is not to be interfered with.

Emergency Exits and Escape Routes, including Temporary Escapes Routes are not to be obstructed.

No persons shall carry out or initiate an unsafe / unhygienic act or operation whilst on the premises.

Workers are not to interfere with the duties of the hospital, its staff, patients or visitors.

The Contractor shall maintain good housekeeping standards in the areas being worked on throughout the duration of the contract.

The health facility reserves the right to search any person entering or leaving the health facility premises.

All workers must wear proper identification labels at all times – The Contractor will be asked to remove persons without identification from the premises.

The Contractor will not be permitted to use any tools or equipment belonging to the health facility.

The Contractor is to ensure that noise is kept to a minimum so as not to unduly interfere with the functioning of the adjacent facilities.

The Contractor is to ensure that dust from the works is properly contained so as not to cause problems with the normal functioning of the facility activities.

## **6 HEALTH AND SAFETY FILE**

The documentation submitted and approved following the awarding of the contract will be used to form the H&S file. The H&S file is required to be laid out in a logical manner, and documentation filed within the file is to be easily accessible.

Health and Safety Specification

Butterworth Hospital – Butterworth

The following completed information shall be included (but not be limited to) as part of the index:

- Letter of Good Standing
- The PSHSS;
- The H&S Plan and the approval by Client;
- The Traffic Management and Approval by Client
- Appointment by Client;
- Mandatory agreement with Client;
- Construction Work Permit from the Department of Employment and Labour
- Notification of Construction Work
- A record of all working drawings, calculations and design where applicable.
- Detailed list of Contractors with contact details, appointments, Mandatories etc.,
- H&S specifications issued;
- Record of Competencies (CVs) and appointments;
- Training Records;
- Permits;
- Method statements;
- Risk assessments;
- Safe work procedures;
- Emergency and injury management;
- Safety data sheets
- Medical surveillance records;
- Registers; and
- Records of audits, minutes etc.
- Plant lists
- Temporary electrical installations
- Employee records (who is on site)

## 7 NON-CONFORMANCES

Should, at any time, the works, or part of the works, be stopped due to unsafe acts or non-compliance with the Clients or PCs H&S Plan; neither the PC nor any other Contractor shall have a claim for extension of time or any other compensation.

The following constitute examples of the types of non-conformances that will attract penalties:

<b>Minor: Penalty: R50/count</b>	<b>Medium: Penalty: R500/count and a non-conformance</b>	<b>Severe Penalty: R5000/count, a non-conformance and/or activity stoppage</b>
Non-use of PPE supplied	Toilets not supplied or regularly serviced; lack of drinking water	Contractors working without Health and Safety Plan approval
Non-completion of registers for plant and equipment on site	Contractors not audited	Workers transported in contravention of the OHS plan or legal requirements
Lack of H&S signage at work areas	Working without training or the appropriate, approved H&S method statements	Invalid Letters of Good Standing
Tools and equipment identified in poor condition during inspections	Legal non-conformances identified during the previous audit and not addressed within the agreed time frame	Non-compliance with traffic accommodation requirements: layout or physical conditions
	No monthly OHS report at site meeting to report on	Any serious breach of legal requirements

<b>Minor: Penalty: R50/count</b>	<b>Medium: Penalty: R500/count and a non-conformance</b>	<b>Severe Penalty: R5000/count, a non- conformance and/or activity stoppage</b>
	No certificates of fitness for workers as required	
	Working without approved method statements	

### **7.1 Failure to Comply with Provisions**

Failure or refusal on the part of the PC or their Contractors to take the necessary steps to ensure the safety of workers and the general public in accordance with these specifications or as required by statutory authorities or ordered by the engineer, shall be sufficient cause for the engineer to apply penalties as follows:

- (i) A penalty as shown in the Table above shall be deducted for each and every occurrence of non-compliance with any of the requirements of the PSHSS.
- (ii) In addition, a time-related penalty of R500, 00 per hour over and above the fixed penalty may be deducted for non-compliance to rectify any non-conformance within the allowable time after a site instruction to this effect has been given by the Designer. The site instruction shall state the agreed time, which shall be the time in hours for reinstatement of the defects. Should the Contractor fail to adhere to this instruction, the time-related penalty shall be applied from the time the instruction was given.

## **ANNEXURE A CLOSE OUT REQUIREMENTS**

The H&S files for the Principal Contractors and all Contractors require closure and handover to the Client at the completion of the project. The following list is an example of what should be included but is not exhaustive. The OHS Agent or the Client may require further information at the time of completion and the Principal Contractor is to ensure that all instructions are met. Documentation would include all records from the start of the project. Daily or monthly plant inspection records are not required unless they are related to an accident. All records to be in electronic format and submitted to the OHS agent for approval in adequately formatted lists and folders. Layout should be logical and in the same order as in the site files.

Health and Safety close out file requirements include:

- a) Client H&S Specification
- b) Principal Contractor's OHS Plan(s)
- c) Principal Contractors Policies
- d) Organograms
- e) Legal Appointments
- f) List of all employees employed on a permanent or contractual basis over the duration of the contract.
- g) Notification of Construction Work with the Department of Employment and Labour of commencement of work
- h) Letter of Good Standing
- i) Full files for all Contractors as well as their close out reports
  - List of Contractors
  - All employees employed on a permanent or contractual basis over the duration of the contract.
  - Letters of Approval of Contractors
  - Mandatary Agreements
  - Letters of Good Standing
  - Appointments
- j) Incident Records
- k) Non- Conformance records
- l) Agent's Audits
- m) Method Statements
- n) Risk assessments
- o) Safe work procedures
- p) Medical surveillance certificates of fitness. Medical records are to be kept according to the OH&S Act as amended.
- q) All drawings for temporary structures (suspended beams/scaffolds etc.)
- r) All operating manuals for any systems that require on-going maintenance.
- s) Copies of test results, policies and procedures for environmental monitoring (silica, noise, dusts etc.)

### **Defect and Liability Period**

The H&S files are to be kept 'live' for the defect and liability period by the Principal Contractor, including those of their Contractors. Any work required during the defect and liability period will require an assessment of the H&S file by the OCHS Agent prior to any work commencing. A copy drawing records for the as-builts are to be placed on file by the Designers once complete.

**ANNEXURE B  
NON-CONFORMANCES**

<b>HEALTH AND SAFETY SITE INSPECTION NON-CONFORMANCE NO</b>		
<b>AGENT:</b>		<b>PROJECT:</b>
<b>Consultant:</b>		<b>Date and time:</b>
<b>Client</b>		<b>Area:</b>
<b>Contractor:</b>		
<b>ASPECTS NOTED:</b>	<b>COMMENTS:</b>	<b>COMPLETION REQUIRED BY (DATE):</b>
	•	
	•	
	•	
	•	
	•	
<b>PHOTOGRAPHIC EVIDENCE (if available):</b>		
<b>OTHER:</b>		
The following penalties are to be applied:		
<b>Signature of Designer</b>		
<b>Signature of CHS Officer/Site Agent</b>		
<b>Signature: of CHS Agent</b>		

**ANNEXURE C**

**CONTRACTORS MONTHLY HEALTH AND SAFETY REPORT**

(To be submitted by the end of the first week of each month and be available with each audit)

<b>CONTRACT NUMBER:</b>		<b>PROJECT NAME:</b>	<b>CONTRACT DETAILS:</b>
<b>1</b>	<b>GENERAL ACTIVITIES FOR THE MONTH</b>  (detail each area of work)		
<b>2</b>	<b>NUMBER OF WORKERS (permanent and local, contractors)</b>		
<b>3</b>	<b>TRAINING DONE (supplier, no of people, type)</b>		
<b>4</b>	<b>INCIDENTS / ACCIDENT (list number and details, attach reports)</b>		
<b>6</b>	<b>NON-CONFORMANCES (closed out or active)</b>		
<b>7</b>	<b>CONTRACTORS (list, approval status)</b>		
<b>8</b>	<b>AUDITS COMPLETED (internal and external)</b>		
<b>9</b>	<b>CRITICAL ISSUES</b>		
<b>10</b>	<b>GENERAL</b>		

Health and Safety Officer: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Construction Manager: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SIGNING OF THE ORIGINAL DOCUMENT

We, the undersigned, accept this document as a stable work product to be placed under formal change control as described by the Procedure for Control of Documented Information.

<b>ORIGINAL</b>	<b>Prepared by</b>	<b>Reviewed by</b>	<b>Approved by</b>
Date:	Triviron	Architects	Department of Health
<b>04/05/2025</b>	Signature:  Pr. CHSM	Signature:	Signature: