

Unit Standard: 13220 - NQF LEVEL: 2**CREDITS: 8****PRACTICAL ASSESSMENT
GROUP ACTIVITY**

1 NAME & SURNAME: _____

ID NUMBER: _____ SIGN: _____

2 NAME & SURNAME: _____

ID NUMBER: _____ SIGN: _____

3 NAME & SURNAME: _____

ID NUMBER: _____ SIGN: _____

4 NAME & SURNAME: _____

ID NUMBER: _____ SIGN: _____

5 NAME & SURNAME: _____

ID NUMBER: _____ SIGN: _____

6 NAME & SURNAME: _____

ID NUMBER: _____ SIGN: _____

NAME OF ASSESSOR: _____

DATE OF ASSESSMENT: _____

VENUE: _____

KNOWLEDGE SKILLS: ACHIEVED NOT ACHIEVED

SIGNATURE OF ASSESSOR _____

HEALTH AND SAFETY REPRESENTATIVE: INSPECTION CHECKLIST

| OPERATION: | | HEALTH AND SAFETY REP: | | | |
|---|--|------------------------|----|------|----------|
| INSPECTED AREA: | | SUPERVISOR: | | | |
| ITEM NO: | QUESTION: | YES | NO | N/A* | COMMENT: |
| SLIPS, TRIPS AND FALLS AND GENERAL HOUSEKEEPING: | | | | | |
| 1 | Is the workplace maintained free of hazards that could cause incidents? | | | | |
| 2 | Are surfaces free of water, oil, or other fluids or substances? | | | | |
| 3 | Are floor coverings (hole openings) secure and are permits in place where required? | | | | |
| 4 | Are all floor gratings in place and secured? | | | | |
| 5 | Are ramps and stairs so designed and maintained to prevent slips and falls? | | | | |
| 6 | Are work areas, walkways, doorways, exits and scaffold access clear of obstructions? | | | | |
| 7 | Have all openings in floors or the ground been barricaded to prevent persons from falling off or in? | | | | |
| 8 | Are spills cleaned up immediately? | | | | |
| 9 | Are material wastes disposed of correctly? | | | | |
| 10 | Are raw materials and equipment positioned safely? | | | | |
| 11 | Is the footwear worn by workers suitable for the workplace? | | | | |
| 12 | Is all lighting operational, effective and clean? | | | | |
| 13 | Are all kitchens and eating areas clean and in a good hygienic condition? | | | | |
| 14 | Are all toilets clean and in a good hygienic condition? | | | | |
| 15 | Has all stacking that has taken place been done in a safe manner? | | | | |
| 16 | Has all redundant and waste material been removed? | | | | |
| 17 | Have all areas where waste is allowed to be stacked been stacked in a safe and orderly manner? | | | | |
| 18 | Are there sufficient rubbish and waste bins in place? | | | | |
| 19 | Have all rubbish and waste bins been emptied? | | | | |
| 20 | Are there any other housekeeping issues that need to be raised? | | | | |

| ITEM NO: | QUESTION: | YES | NO | N/A* | COMMENT: |
|--|---|-----|----|------|----------|
| ELECTRICAL AND LIGHTING: | | | | | |
| 21 | Are portable electrical items in a good condition? | | | | |
| 22 | Are portable electrical items located in a safe position to prevent damage to them? | | | | |
| 23 | Are electrical isolation points known to all workers? | | | | |
| 24 | Are all portable electrical items fitted with a current colour-code tag? | | | | |
| 25 | Are electrical items secure and safe? | | | | |
| 26 | Are electrical items stored correctly after use? | | | | |
| 27 | Are all electrical distribution boxes kept clear of any obstructions? | | | | |
| 28 | Are all electrical distribution boxes so maintained that no persons are exposed to live electrical conductors? | | | | |
| 29 | Are all electrical light and plug switches in a good and safe condition? | | | | |
| 30 | Does the lighting enable workers to complete tasks safely? | | | | |
| 31 | Have all lights that have been reported as broken been repaired? | | | | |
| EMERGENCY PROCEDURES: | | | | | |
| 32 | Are workers aware of the emergency evacuation procedures? | | | | |
| 33 | Are workers aware of the emergency evacuation signals? | | | | |
| 34 | Are workers aware of the emergency evacuation muster points? | | | | |
| 35 | Are workers aware of how to get to the emergency evacuation muster points? | | | | |
| 36 | Are the emergency evacuation procedures displayed in your work area? | | | | |
| 37 | Do the workers know who the members of the emergency preparedness plan are? | | | | |
| 38 | Do the workers know what to do in the case of a gas leak or chemical spill? | | | | |
| DANGEROUS GOODS/HAZARDOUS CHEMICAL SUBSTANCES: (If there are dangerous goods or chemical substances located in your area, answer the following questions) | | | | | |
| 39 | Are the dangerous goods/hazardous chemical substances listed on the Dangerous Goods/Hazardous Chemical Substances Register? | | | | |
| 40 | Are the dangerous goods/hazardous chemical substances clearly labelled? | | | | |
| 41 | Are workers aware of the Material Safety Data Sheets (MSDSs)? | | | | |

| ITEM NO: | QUESTION: | YES | NO | N/A* | COMMENT: |
|--------------------|--|-----|----|------|----------|
| 42 | Are the MSDSs located in your work area or are they easily accessible? | | | | |
| 43 | Have workers been consulted about using the dangerous goods/hazardous chemical substances? | | | | |
| 44 | Are workers aware of the harmful effects? | | | | |
| 45 | Are workers aware of the correct use of safety equipment? | | | | |
| 46 | Are workers aware of the correct use and handling of the dangerous goods/hazardous chemical substances? | | | | |
| 47 | Are workers aware of the appropriate first-aid procedures to deal with incidents? | | | | |
| 48 | Are dangerous goods/hazardous chemical substances securely stored? | | | | |
| 49 | Is the correct PPE used when working with dangerous goods/hazardous chemical substances? | | | | |
| 50 | Are protective guards in place on all operating machinery and equipment? | | | | |
| MECHANICAL: | | | | | |
| 51 | Are emergency stops clearly visible and operational? | | | | |
| 52 | Is there adequate operating clearance around the machinery and equipment? | | | | |
| 53 | Are machinery and equipment areas kept clean? | | | | |
| 54 | Is there adequate ventilation and dust/fume extraction? | | | | |
| 55 | Are tools and equipment stored in the proper places? | | | | |
| 56 | Are workers trained to operate machinery and equipment? | | | | |
| 57 | Are workers supervised to ensure correct operating procedures? | | | | |
| 58 | Is the correct use of PPE maintained by workers? | | | | |
| 59 | Are all hand tools inspected and in good condition? | | | | |
| 60 | Are free-standing gas cylinders secured? | | | | |
| 61 | Is the lockout procedure applied when isolating machinery and equipment? | | | | |
| 62 | Is all lifting gear marked with the correct colour code? | | | | |
| 63 | Are all pressure gauges on pressure vessels marked with a red line on the face of the gauge indicating the maximum working pressure? | | | | |

| ITEM NO: | QUESTION: | YES | NO | N/A* | COMMENT: |
|---|--|-----|----|------|----------|
| 64 | Are all pressure vessels clean with no oil leaks? | | | | |
| 65 | Have all required checklists been completed? | | | | |
| FIRE FIGHTING EQUIPMENT: | | | | | |
| 66 | Are there enough fire extinguishers in place? | | | | |
| 67 | Have all the fire extinguishers been inspected and serviced? | | | | |
| 68 | Are all the fire extinguishers fully charged? | | | | |
| 69 | Are all fire extinguishers in their allocated places? | | | | |
| 70 | Where brackets have been provided, have all fire extinguishers been fitted to the brackets? | | | | |
| 71 | Are all fire extinguishers numbered? | | | | |
| 72 | Are workers aware of the location of fire fighting equipment? | | | | |
| PERSONAL PROTECTIVE EQUIPMENT (PPE): | | | | | |
| 73 | Has an assessment of the workplace been done to determine if hazards are present that would require the use of PPE? | | | | |
| 74 | Has the appropriate PPE been selected for the hazards identified? | | | | |
| 75 | Has the supervisor effectively communicated PPE selection information to each affected employee (ie training, SOP)? | | | | |
| 76 | Are employees trained in the following areas: <ul style="list-style-type: none"> • When PPE is necessary? • What PPE is necessary? • How to properly don, doff, adjust, and wear PPE? • The limitations of the PPE? • The proper care, maintenance, useful life and disposal of the PPE? • That defective or damaged PPE must not be used? | | | | |
| 77 | Is PPE issued and worn as required? | | | | |
| 78 | Have symbolic signs been posted to indicate the required usage of PPE? | | | | |
| CONSTRUCTION: | | | | | |
| 79 | Are all independent ladders numbered or marked? | | | | |
| 80 | Have all independent ladders been inspected and fitted with an up-to-date colour-code tag? | | | | |
| 81 | Are all the ladders in use safe to use? | | | | |
| 82 | Has all scaffolding been erected safely? | | | | |
| 83 | Are all scaffolds that are being used safe for use? | | | | |

| ITEM NO: | QUESTION: | YES | NO | N/A* | COMMENT: |
|---|--|-----|----|--------------|----------|
| 84 | Have all scaffolds that are in use been fitted with an inspection tag that has been signed by all the appropriate persons? | | | | |
| 85 | Are all excavations deeper than 1,5m and in which people are working deemed safe in terms of collapse, and where necessary, have they been shored up or the banks cut back at 45°? | | | | |
| GENERAL SAFETY: | | | | | |
| 86 | Has the health and safety topic been carried over to all workers? | | | | |
| 87 | Was the health and safety topic forwarded in time for the applicable month? | | | | |
| 88 | Was the health and safety topic understood by all the workers? | | | | |
| 89 | Are health and safety concerns addressed once they have been reported? | | | | |
| 90 | Have all the applicable risk assessments been completed? | | | | |
| 91 | Have all hazardous jobs been identified? | | | | |
| 92 | Have all the written safe-work procedures (SWPs)/method statements been completed and implemented? | | | | |
| 93 | Are job safety observations (JSOs) carried out? | | | | |
| 94 | Are JSOs followed up? | | | | |
| 95 | Is health and safety promoted at the workplace? | | | | |
| 96 | Is the health and safety policy clearly displayed at the workplace? | | | | |
| 97 | Have all tool box talks been carried out? | | | | |
| 98 | Have all applicable permits been posted? | | | | |
| GENERAL COMMENT: | | | | | |
| | | | | | |
| SIGNATURE OF HEALTH AND SAFETY REP: | | | | DATE: | |
| I hereby confirm that the abovementioned shortfalls that have been identified have been addressed to ensure that they are removed and do not reoccur. | | | | | |
| SIGNATURE OF SUPERVISOR: | | | | DATE: | |

* Note that only the HSE Programme Manager may mark a duty "NOT APPLICABLE".

RECORDING AND INVESTIGATING AN INCIDENT

PART A – INCIDENT DETAILS:

(To be completed for all incident types)

OPERATION:.....

1. NAME OF INJURED/AREA/VEP: 2. CO ID. NO:

3. NATIONAL ID NO: 4. DATE OF BIRTH:

5. DATE EMPLOYMENT COMMENCED:

6. DESIGNATION: 7. DATE OF INCIDENT:.....

8. TIME OF INCIDENT: 9. PLACE OF INCIDENT:

10. CLASS OF INCIDENT:

- F LTI FA NM VEP EI EMI

NB: If NM, VEP, EI or EMI is marked, questions 11, 12 and 13 do not have to be completed

11. PART OF BODY AFFECTED:

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

12. TYPE OF INJURY:

- Sprains or strains Poisoning Fractures Burns
 Occupational disease Asphyxiation Unconsciousness Amputation
 Contusions or wounds Electric shock Any other (specify):

13. EXPECTED PERIOD OF DISABLEMENT:

- 0-3 DAYS 3-7 DAYS 1-2 WEEKS 2-4 WEEKS 1-6 MONTHS KILLED

14. DESCRIPTION OF OCCUPATIONAL DISEASE:

15. MACHINE/PROCESS INVOLVED/TYPE OF WORK PERFORMED/EXPOSURE:

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.....
.....

HSE PROGRAMME MANAGER'S NAME:

SIGNATURE: DATE:

Incident No: (To be allocated by Senior HSE Manager)

REPORT DISTRIBUTION (tick appropriate boxes)

- | | |
|---|---|
| <input type="checkbox"/> Operations Manager | <input type="checkbox"/> CEO |
| <input type="checkbox"/> Senior HSE Manager | <input type="checkbox"/> Finance Department |
| <input type="checkbox"/> HR Department | <input type="checkbox"/> Engineering Department |
| <input type="checkbox"/> Other (specify): | |

INJURY REPORT

RECORDING AND INVESTIGATING AN INCIDENT

PART B – NEAR-MISS INVESTIGATION:

(To be completed for NM incidents only)

OPERATION:

1. NAME OF PERSON INVOLVED/AREA/VEP:

2. DATE AND TIME OF INCIDENT:

3. BRIEF DESCRIPTION OF INCIDENT:
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.....

4. CAUSE OF INCIDENT:
.....
.....
.....

5. RECOMMENDATIONS TO PREVENT RE-OCCURRENCE: (To be completed by HSE Programme Manager and approved by Operations Manager)
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.....
.....

6. RECOMMENDATIONS APPROVED BY PROJECT MANAGER: YES NO

7. RECOMMENDATIONS IMPLEMENTED: YES NO

8. IF NOT IMPLEMENTED, WHY:
.....
.....
.....

9. IF STILL TO BE IMPLEMENTED, STATE EXPECTED DATE OF COMPLETION:

HSE PROGRAMME MANAGER'S NAME:

SIGNATURE: DATE:

OPERATIONS MANAGER'S NAME:

SIGNATURE: DATE:

RECORDING AND INVESTIGATING AN INCIDENT

PART D – VEHICLE/EQUIPMENT/PROPERTY DAMAGE INVESTIGATION:

(To be completed for vehicle/equipment/property damage (VEP) incidents only)

OPERATION:

- 1. DATE AND TIME OF INCIDENT:
- 2. VEHICLE/EQUIPMENT/PROPERTY DESCRIPTION:
- 3. VEHICLE/EQUIPMENT REGISTRATION/SERIAL NUMBER:
- 4. NUMBER OF VEHICLES/EQUIPMENT INVOLVED:
- 5. OPERATOR'S NAME:
- 6. IF APPLICABLE, NAMES AND CONTACT NUMBERS OF OUTSIDERS INVOLVED:
- 7. PROPERTY LOCATION:
- 8. ESTIMATED COST OF DAMAGE:
- 9. ESTIMATED PERIOD OUT OF SERVICE:
- 10. BRIEF DESCRIPTION OF INCIDENT:
- 11. CAUSE OF INCIDENT:
- 12. RECOMMENDATIONS TO PREVENT RE-OCCURRENCE: (To be completed by HSE Programme Manager and approved by Operations Manager)

HSE PROGRAMME MANAGER'S NAME: DATE: SIGNATURE:

13. ACTION COMPLETION DATE:

OPERATIONS MANAGER'S NAME: APPROVED: YES NO

OPERATIONS MANAGER'S SIGNATURE: DATE: TIME:

RECORDING AND INVESTIGATING AN INCIDENT

PART F – EQUIPMENT AND MACHINERY FAILURE (EMF) INVESTIGATION:

(To be completed for equipment and machinery failure incidents (EMF) only)

OPERATION:

1. DATE AND TIME OF INCIDENT:

2. LOCATION OF INCIDENT:

3. BRIEF DESCRIPTION OF INCIDENT:

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.....

4. ACTIONS IN PLACE TO HAVE PREVENTED THE INCIDENT IN THE FIRST INSTANCE:

.....

.....

5. CAUSE OF INCIDENT:

.....

.....

6. ACTIONS TAKEN TO PREVENT A REOCURRENCE:

.....

.....

7. ESTIMATED COST OF INCIDENT:

HSE PROGRAMME MANAGER'S NAME: DATE: SIGNATURE:

OPERATIONS MANAGER'S NAME: APPROVED: YES NO

OPERATIONS MANAGER'S SIGNATURE: DATE: TIME:

HEALTH AND SAFETY COMMITTEE MEETING: AGENDA

SITE/PROJECT NO: _____ MEETING DATE: _____

- 1. Welcome and register
- 2. Confirmation of previous Minutes
- 3. Matters arising from previous Minutes

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- 4. Weekly / monthly safety inspection status reports

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- 5. Incidents

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- 6. Safety management system management review

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- 7. General

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- 8. Date of next meeting

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HEALTH AND SAFETY COMMITTEE MEETING: MINUTES

SITE/PROJECT NO: _____

MEETING NUMBER: _____

DATE: _____

TIME STARTED: _____

TIME ADJOURNED: _____

1. WELCOME AND REGISTER:

PRESENT:

- | | | |
|-----------|-----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | |

ABSENT/APOLOGIES:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

2. CONFIRM MINUTES OF MEETING NO: _____ **DATED:** _____

3. MATTERS ARISING FROM PREVIOUS MINUTES:

**Action
by:**

**Completion
date:**

4. WEEKLY/MONTHLY INSPECTIONS STATUS REPORTS:

| 5. INCIDENTS: | | Action by: | Completion date: |
|----------------------|-------|-------------------|-------------------------|
| Name: | Date: | | |
| Description: | | | |
| | | | |
| Cause of incident: | | | |
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| Preventative action: | | | |
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| Name: | Date: | | |
| Description: | | | |
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| Cause of incident: | | | |
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| Preventative action: | | | |
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| Name: | Date: | | |
| Description: | | | |
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| Cause of incident: | | | |
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| Preventative action: | | | |
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| Name: | Date: | | |
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| Cause of incident: | | | |
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| Preventative action: | | | |
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| Name: | Date: | | |
| Description: | | | |
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| Cause of incident: | | | |
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| Preventative action: | | | |
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| 6. SAFETY MANAGEMENT SYSTEM MANAGEMENT REVIEW: | Action by: | Completion date: |
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| 7. GENERAL | | |
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| 8. DATE OF NEXT MEETING: | | |
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| Report prepared by: | Date: | |
| Signature of Operations Manager: | Date: | |