



SHE FILE REVIEW FORM

Contractor Name:		Contract Number	
Project Manager:		Airport:	CTIA
Area where work is to be performed:			
Scope of Work Summary			

No.	Document requested	Received (Yes/ No/N/A)	Compliance Status/ Comments
1.	Mandatory OHS appointments applicable to work to be performed OHS 16(2) Assistant to CEO GAR 9 Incident Investigator GSR 3 First Aider GSR 13 Ladder Inspect OHS 19 SHE Committee Members OHS 17 Health & Safety Reprehensive GMR 2(1)- Supervisor of machinery Portable (Hand) Tool inspector HCS Supervisor (HCS Regulations)		
2.	Mandatory Appointments- Construction Work Only CR 5(k) Appointment for Principal Contractor CR 7 Appointment for Sub Contractor CR 8(1) Construction work Manager CR 8(2) Assistant Construction work Manager CR 8(5) Construction H&S Officer CR 8(7) Construction work Supervisor CR 8(8) Assistant Supervisor CR 9(1) Risk Assessor CR 10(1) Fall Protect Planner CR 13(1)(a) Excavation Supervisor CR 18(1) Rope Access Supervisor CR 24 & EMR 9 Electrical Tool Inspector CR 29(H) Fire Fighting Equipment Supervisor CR 23 Construction Vehicles & Mobile Plant Operator CR 16(1) /SANS 085 Scaffolding Inspector CR 28(a) Stacking and Storage Supervisor		
3.	Proof of competencies, where required		
4.	ACSA OHS Specification, where applicable		
5.	Detailed scope of work as a standalone separate document		
6.	Risk assessment/s		
7.	List of equipment and tools to be used		
8.	First Aid Box Register (to be completed on commencement of work)		

9.	PPE issue register (to be completed on commencement of work)		
10.	ACSA Safety, Health and Environmental Induction session		
11.	Signed Section 37(2) Agreement for Principal Contractor, and Sub Contractor where one is used		
12.	Valid Letter of Good Standing		
13.	Valid Medicals fitness certificates as per Annexure 3 of the CR 2014 regulations		
14.	Updated Employee List with ID/Passport copies of employees on-site		
15.	Pre-populated WCL2 form		
16.	Emergency Plan and Contact details for emergencies		
17.	Waste Management Plan		
18.	Notification of construction work , if applicable.		
19.	Signed Environmental Terms and Conditions to Commence Work – EMS 048 attached		
20.	Approved Airside Safety Plan (where applicable)		
21.	<p>Select relevant High-Risk Activity to be performed</p> <ul style="list-style-type: none"> • Work at Heights • Hot Work • Work on Electricity • Work on machinery • Work in Confined Space • Excavation • Lifting and Rigging • Demolition work • Other 		
22.	Other applicable legal requirements as per HRA		

Verification Status

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