**SHE REPRESENTATIVE APPOINTMENT**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

In accordance with the occupation Health and Safety Act No 36 of 2010 Part III, Section 14, you are hereby appointed as **a** health and safety representative who shall coordinate health and safety activities at your workplace.

Your area of responsibility compromises the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**operation at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As a Competent Person in charge of the SHE Related matters, it is therefore your responsibility to ensure that the relevant provisions and requirements of the regulation are complied with.

In terms of occupational health and safety act No 36 of 2010, you are required to exercise control over the proper operation and running, safe installation and maintenance of equipment in your area of responsibility to the following extent:

1. To be readily available at all times whilst on duty;
2. To hold a valid certification in SHE REP training by a recognized society approved by the relevant authorities;
3. To record in a Hazard identification book provided, particulars of each hazard, risks identified in your area of responsibility during your shift and action taken to correct the situation.
4. Ensure all emergency equipment in your area of responsibility is kept clean and in good working condition.
5. Ensure that toolbox talk is conducted prior to shift change.
6. Ensure your area of responsibility is kept clean and safe at all times.

Furthermore, you are also responsible for impacts emanating from your area of responsibility and for ensuring compliance with applicable safety legislation associated therewith.

Please indicate your acceptance by signing below this letter of appointment.

Yours faithfully

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager** **Date**

**Acceptance**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby accept this appointment as detailed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Appointee** **Date**