



## employment & labour

Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

### DEPARTMENT OF EMPLOYMENT AND LABOUR

PROVINCE: \_\_\_\_\_

LABOUR CENTRE: \_\_\_\_\_

#### PROOF OF DELIVERY

I, they undersigned, certify that I have served the:(delete what is not applicable)

- Notice of inspection / Review
- DG Recommendations where employer has not signed on the day of the meeting a Compliance Order
- Subpoena where necessary a
- Confirmatory Notice

	Delivering a true copy to the employer
	Delivering to the employer representative, a true copy to a person apparently over the age of 18 years and apparently residing or employed at the witness's place of RESIDENCE/EMPLOYMENT/BUSINESS

At \_\_\_ H \_\_\_ (Time) \_\_\_ (day) \_\_\_\_\_ (Month); 2026 (Year).

**PLACE** \_\_\_\_\_

**Name of the official** \_\_\_\_\_

Signature: \_\_\_\_\_

(Full name of Recipient) \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Annexure "OHS A1"



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ENQUIRIES:

TEL:

Email:

Date:

**OCCUPATIONAL HEALTH AND SAFETY ACT, 1993**

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

**NOTICE OF INSPECTION**

Please be informed that our office intends to conduct an inspection on your premises at \_\_\_\_\_ ;  
\_\_\_\_\_ on the date mentioned below in terms of the above-mentioned Acts.

We shall also examine the records that you are required to keep in terms of the above-mentioned Acts and Regulations (*See Annexure*). These documents should be ready on arrival on the day of inspection. It would be appreciated if you would complete Employer's Basic Particulars form.

Kindly inform your Health and Safety Representative/s and employee representatives of this intended inspection as it is required that they be part of the inspection.

1. DATE	TIME	INSPECTION
		DOCUMENTS AUDIT AND WALK THROUGH INSPECTION

**NB. Please note that all information received will be utilized for the intended purpose and protected in terms of the POPI Act.**

Yours sincerely

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

OHS INSPECTOR

Received by: .....

Designation: .....

Signature: .....

Date: ..... Time: .....

## **ANNEXURE TO NOTICE OF INSPECTION**

### **Documents, records, reports and forms that are required to be kept on the premises (where applicable)**

1. A copy of the Occupational Health and Safety Act and Regulations
2. Letters of all workplace relevant Occupational Health and Safety appointments and/or designations and supporting proof(s) of competency as defined
3. Appointment in terms of 16(2) **THIS IS THE PRACTICE PRINCIPAL**
4. Health and Safety Representative/s **N/A**
5. Health and Safety Committee members **N/A**
6. The Competent person GMR 2 (1) / (7)
7. Incident investigator **THIS IS THE PRACTICE PRINCIPAL**
8. The competent Person — Inspections of pressure equipment **N/A**
9. Endorser of recommendations to employer from Health and Safety committee **N/A**
10. Certificate of competency for first-aiders/s. **N/A THIS IS THE PRACTICE PRINCIPAL**  
Please have certificates with the following information available to be checked:
  - a. Name of the First-Aider
  - b. Serial number
  - c. Expiry date
  - d. Training Institution
  - e. Institution Accreditation number and CI number
11. Inspection reports by the Health and Safety Representative/s **N/A**
12. Minutes of last 4 meetings of Health and Safety Committee **N/A**
13. Forms for the recording and investigation of incidents (*Annexure 1 to the General Administrative Regulations*) — for the last 12 months. **N/A**
14. Records for the Asbestos measurement programme and Asbestos exposure **N/A**
15. Assessment of exposure to Lead: Air and Biological Monitoring and Medical Surveillance records **N/A**
16. Goods hoist record book **N/A**
17. Lifting machines and lifting tack e record books **N/A**
18. Certificates and logbooks for pressure equipment **N/A**
19. Boiler certificate and record book **N/A**
20. Certificate of Compliance for electrical installation **HAVE AN ELECTRICAL COMPLIANCE CERTIFICATE AVAILABLE**
21. Medical surveillance records **N/A**
22. Risk Assessment records **THESE ARE THE NORMAL RISKS OF WORKING IN A SURGERY, NEEDLE STICK INJURIES, TRIPS AND SLIPS, HAZARDOUS CHEMICALS IF ANY, WITH THE RELEVANT MATERIAL SAFETY DATA SHEETS**
23. Air monitoring reports **N/A**
24. Audio-metric reports (normal and baseline) **N/A**
25. Copies of Material Safety Data Sheets (*hazard sheets*) for Hazardous Chemical substances **ANY HAZ CHEMS ON SITE MUST HAVE MSDS DOCUMENTATION**
26. Copies of valid certificates of training of forklift and/or crane operators (*Please have name list available for inspectors*) **N/A**
27. Number of claims submitted to the Compensation Commissioner for the last 12 months. **YOU MUST FURNISH THIS TO THE oh COMMISSIONS. PROBABLY ZERO**

**Please furnish copies of all exemptions issued by the Department of Labour. YOUR CO-OPERATION IN THIS REGARD IS APPRECIATED. NB: SOME OF THE ABOVE. MENTIONED RECORDS MAY NOT BE APPLICABLE TO YOU.**

**Kindly complete, the particulars as outlined on the template overleaf.**

<b>EMPLOYER</b>	
<b>REGISTERED NAME</b>	
<b>COMPANY REGISTRATION NO.</b>	
<b>SARS REGISTRATION NO.</b>	
<b>** UIF REGISTRATION NO.</b>	
<b>** COIDA REGISTRATION NO.</b>	
<b>INDUSTRY SECTOR</b>	
<b>BARGAINING COUNCIL</b>	
<b>COLLECTIVE AGREEMENT</b>	
<b>TRADE UNION</b>	
<b>CONTACT PERSON</b>	
<b>EMPLOYER'S REPRESENTATIVE</b>	
<b>DIRECTOR OF OPERATIONS</b>	
<b>COMPETENT PERSON (GMR 2 - GCC)</b>	
<b>SAFETY MANAGER</b>	
<b>PHYSICAL ADDRESS OF PREMISES</b>	
<b>TELEPHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>E-MAIL ADDRESS</b>	
<b>TOTAL NUMBER OF EMPLOYEES</b>	
<b>LIST OF THEIR CONTRACTORS AND WHAT THEY DO</b>	
<b>TOTAL NUMBER OF EMPLOYEES FOR EACH CONTRACTOR:</b>	
<b>WHO ARE THE SUPPLIERS OF RAW MATERIALS</b>	
<b>WHO ARE THE CUSTOMERS?</b>	
<b>NUMBER OF SHIFTS ON THE PREMISES?</b>	
<b>IS THE PROCESS A 24 HR PROCESS?</b>	
<b>INSPECTION TEAM</b>	

<b>EMPLOYERS' TEAM</b>	
<b>DATE OF INSPECTION</b>	

Are any specialised inspections required on the premises, please stipulate what, if any: