

REF NO 8/11/R + 4/11/B + 4/1/2/7



**CAPE WINELANDS DISTRICT**  
MUNICIPALITY • MUNISIPALITEIT • UMASIPALA

## ACKNOWLEDGMENT RECEIPT OF TENDER AND QUOTATION

**T 2021/064:** MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED ROAD MAINTENANCE, ROAD CONSTRUCTION AND WORKSHOP EMPLOYEES AT THE CAPE WINELANDS DISTRICT MUNICIPALITY FOR THE PERIOD ENDING TO 30 JUNE 2024 x 2

I Lorna van Niekerk hereby acknowledge receipt of the following original tender and quotation documents:

Received by  Date 26/11/2021

**CAPE WINELANDS DISTRICT**

MUNICIPALITY • MUNISIPALITEIT • UMASIPALA

**TENDER NUMBER: T 2021/064****MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED ROAD  
MAINTENANCE, ROAD CONSTRUCTION AND WORKSHOP  
EMPLOYEES AT THE CAPE WINELANDS DISTRICT  
MUNICIPALITY FOR THE PERIOD ENDING TO 30 JUNE 2024**

COMPANY NAME:

OHS care

POSTAL ADDRESS:

76 Steel Road

Spartan

Kempton Park, 1619

**ANY ENQUIRIES REGARDING THE BIDDING PROCEDURE MAY BE DIRECTED TO:**

Financial and Strategic Support Services

Supply Chain Management

Tel: 086 126 5263

Fax: 086 688 4173

**T 2021/064**  
**MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED ROAD MAINTENANCE, ROAD**  
**CONSTRUCTION AND WORKSHOP EMPLOYEES AT THE CAPE WINELANDS DISTRICT**  
**MUNICIPALITY FOR THE PERIOD ENDING TO 30 JUNE 2024**

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## **A. TENDER NOTICE**

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Tenders are hereby invited from service providers who shall be an occupational health practitioner registered with the Health Professions Council of South Africa, to issue medical certificates of fitness as stipulated in the Occupational Health and Safety Act, 1993 (Act No 85 of 1993): Construction Regulations.

Technical enquiries regarding this bid can be directed to Izak van Der Westhuizen at telephone no. 0861 265 263.

**Closing date: 11:00 on Wednesday, 19 May 2021**

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Tender documents, in English, are available free of charge on the websites: [www.capewinelands.gov.za](http://www.capewinelands.gov.za) or <https://etenders.treasury.gov.za>. Alternatively, hard copies of the document are obtainable from the offices of the Supply Chain Management Unit, Cape Winelands District Municipality at 29 Du Toit Street, Stellenbosch, upon payment of a non-refundable fee of R 210.00 per document.

All prospective bidders must ensure that they are registered and accredited on the CWDM's Supplier Database and the Central Supplier Database, prior to the closing date of the tender.

Duly completed tenders must be enclosed in a (separate) sealed envelope and endorsed with the relevant tender number and description on the envelope/s. The sealed tenders must be placed in the official tender box of the District Municipality's offices at 29 Du Toit Street, Stellenbosch on the abovementioned time and dates.

Tenders will be opened in public as soon as possible after this closing time.

**HF PRINS  
MUNICIPAL MANAGER**



## **B. GENERAL CONDITIONS AND INFORMATION**

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Inviting of tenders by the Cape Winelands District Municipality (CWDM), all relevant bid documentation, submitting of tenders by prospective bidders, evaluation / awarding of tenders and all subsequent contractual responsibilities regarding supply and delivery of goods and/or services, will be managed in terms of and MUST comply with:-

- Chapter 11 of the Municipal Finance Management Act, 2003 (Act no.56 of 2003);
- Municipal Supply Chain Management Policy of the CWDM;
- Supply Chain Management: A guide for Accounting Officers of Municipalities (Guide for AO's);
- Any relevant Regulations / Circulars issued by the National Treasury, from time to time, and
- Any Special Conditions detailed in this Contract (SCC) – *referring to, but not limited to: paragraphs B.1. - 17. and C to P.*

Where the GCC and SCC are in conflict with one another, the stipulations of the SCC will prevail (chapter 4.5.2.9 – Guide for AO's)

### **1. Acceptance or Rejection of a Tender**

The Municipality reserves the right to withdraw any invitation to tender and/or to re-advertise or to reject any tender or to accept any tender in whole or part.

The Municipality does not bind itself to accepting the lowest tender or the tender scoring the highest points.

The Municipality reserves the right to accept more than one tender (in the event of a number of items being offered).

### **2. Validity Period**

The fact and action of handing in a tender to the Municipality is accepted as a contract between the Municipality and the bidder whereby such a tender remains valid and available for a period of ninety (90) days, calculated from the closing date as advertised for the tender, for acceptance, or non-acceptance by the Municipality. The bidder undertakes not to withdraw, or alter, the tender during this period.

### **3. Registration on Accredited Supplier Database**

It is expected of all prospective service providers who are not yet registered on the Municipality's Accredited Supplier Database to register without delay on the prescribed form.

It will be expected from Suppliers to update registration details every 12 months from date of registration. Payment will not be effected if supplier information is outdated.

The Municipality reserves the right not to award tenders to prospective suppliers who are not registered on the Database.

### **4. Completion of Tender Documents**

The official tender form must be completed in BLACK ink and any corrections to the official tender form must also be made in BLACK ink and signed by the bidder.

Any tender documents received with correction fluid (Tippex) corrections shall be disqualified.

The complete original tender document must be returned. Missing pages will result in the disqualification of the tender.

Any ambiguity has to be cleared with contact person for the tender before the tender closure.

#### **5. Authorised Signatory**

A copy of the recorded Resolution taken by the Board of Directors, members, partners or trustees authorising the representative to submit this bid on the bidder's behalf must be attached to the Bid Document on submission of same.

A bid shall be eligible for consideration only if it bears the signature of the bidder or of some person duly and lawfully authorised to sign it for and on behalf of the bidder.

If such a copy of the Resolution does not accompany the bid document of the successful bidder, the Municipality reserves the right to obtain such document after the closing date to verify that the signatory is in order. If no such document can be obtained within a period as specified by the Municipality, the bid will be disqualified.

#### **6. Site / Information Meetings**

Site or information meetings, if specified, are compulsory. Bids will not be accepted from bidders who have not attended compulsory site or information meetings. Bidders that arrive 15 minutes or more after the advertised time the meeting starts will not be allowed to attend the meeting or to sign the attendance register. If a bidder is delayed, he must inform the contact person before the meeting commence and will only be allowed to attend the meeting if the chairperson of the meeting as well as all the other bidders attending the meeting, give permission to do so.

All partners or the leading partner of a Joint Venture must attend the compulsory site or information meeting.

#### **7. Quantities of Specific Items**

If tenders are called for a specific number of items, the Municipality reserves the right to change the number of such items to be higher or lower. The successful bidder will then be given an opportunity to evaluate the new scenario and inform the Municipality if it is acceptable. If the successful bidder does not accept the new scenario, it will be offered to the second-placed bidder.

#### **8. Expenses Incurred in Preparation of Tender**

The Municipality shall not be liable for any expenses incurred in the preparation and submission of the tender.

#### **9. Contact with Municipality after Tender Closure Date**

Bidders shall not contact the Municipality on any matter relating to their bid from the time of the opening of the bid to the time the contract is awarded. If a bidder wishes to bring additional information to the notice of the Municipality, it should do so in writing to the Municipality. Any effort by the firm to influence the Municipality in the bid evaluation, bid comparison or contract award decisions may result in the rejection of the bid.

#### **10. Opening, Recording and Publications of Tenders Received**

Tenders will be opened on the closing date immediately after the closing time specified in the tender documents. The names of the bidders, and if practical, the total amount of each bid and of any alternative bids will be read out aloud.

Telexed, faxed or e-mailed tenders will not be accepted.

The tender forms should be carefully completed and no errors will be condoned after tenders have been opened.

The Bidder will be liable to take out **forward cover** to barricade him/her against fluctuation of the exchange rate in the event of importing any component, related to the quotation, from a country dealing in currency other than that of South Africa.

#### **11. Evaluation of Tenders**

Tenders will be evaluated in terms of their responsiveness to the tender specifications and requirements as well as such additional criteria as set out in this set of tender documents.

#### **12. Subcontracting**

The Contractor shall not subcontract the whole of the contract.

Except where otherwise provided by the Contract, the Contractor shall not subcontract any part of the Contract without the prior written consent of the Municipality, which consent shall not be unreasonably withheld.

Any consent granted or appointment of a subcontractor shall not imply a contract between the Municipality and the subcontractor, or a responsibility or liability on the part of the Municipality to the subcontractor and shall not relieve the Contractor from any liability or obligation under the Contract and he shall be liable for the acts, defaults and neglects of any subcontractor, his agents or employees as fully as if they were the acts, defaults or neglects of the Contractor, his agents or employees.

#### **13. Extension of Contract**

The contract with the successful bidder may be extended should additional funds become available.

#### **14. Past Practices**

The bid of any bidder may be rejected if that bidder or any of its directors have abused the municipality's supply chain management system or committed any improper conduct in relation to such system.

The bid of any bidder may be rejected if it is or has been found that that bidder or any of its directors influenced or tried to influence any official or councilor with this or any past tender.

The bid of any bidder may be rejected if it is or has been found that that bidder or any of its directors offered, promised or granted any official or any of his/her close family members, partners or associates any reward, gift, favors, hospitality or any other benefit in any improper way, with this or any past tender.

## 15. Persons in the service of the state

Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

## 16. Broad-based black economic empowerment (B-BBEE) status level certificates

Bidders are required to submit original and valid B-BBEE Status Level Verification Certificates or certified copies of the original, not a photo-copy of another certified copy thereof together with their bids, to substantiate their B-BBEE rating claims.

Bidders who do not submit B-BBEE Status Level Verification Certificates or who are non-compliant contributors to B-BBEE do not qualify for preference points for B-BBEE but should not be disqualified from the bidding process. They will score points out of 90 or 80 for price only and zero (0) points out of 10 or 20 for B-BBEE.

A trust, consortium or joint venture must submit a consolidated B-BBEE Status Level Verification Certificate for every separate bid.

Public entities and tertiary institutions must also submit B-BBEE Status Level Verification Certificates together with their bids.

If an institution is already in possession of a valid and original or certified copy of a bidder's B-BBEE Status Level Verification Certificate that was obtained for the purpose of establishing the database of possible suppliers for price quotations or that was submitted together with another bid, it is not necessary to obtain a new B-BBEE Status Level Verification Certificate each time a bid is submitted from the specific bidder.

Such a certificate may be used to substantiate B-BBEE rating claims provided that the closing date of the bid falls within the expiry date of the certificate that is in the institution's possession.

Each time this provision is applied, cross-reference must be made to the B-BBEE Status Level Verification Certificate already in possession for audit purposes.

AOs / AAs must ensure that the B-BBEE Status Level Verification Certificates submitted are issued by the following agencies:

Bidders other than EMEs

- Verification agencies accredited by SANAS; or
- Registered auditors approved by IRBA (until the expiration of the period prescribed by the DTI)

Bidders who qualify as EMEs

- Sworn affidavit signed by the EME representative and attested by a Commissioner of oaths.

## VALIDITY OF B-BBEE STATUS LEVEL VERIFICATION CERTIFICATES

Verification agencies accredited by SANAS

These certificates are identifiable by a SANAS logo and a unique BVA number.

Confirmation of the validity of a B-BBEE Status Level Verification Certificate can be done by tracing the name of the issuing Verification Agency to the list of all SANAS accredited agencies. The list is accessible on [http://www.sanas.co.za/directory/bbee\\_default.php](http://www.sanas.co.za/directory/bbee_default.php).

The relevant BVA may be contacted to confirm whether such a certificate was issued.

As a minimum requirement, all valid B-BBEE Status Level Verification Certificates should have the following information detailed on the face of the certificate:

- The name and physical location of the measured entity;
- The registration number and, where applicable, the VAT number of the measured entity;
- The date of issue and date of expiry;
- The certificate number for identification and reference;
- The scorecard that was used (for example QSE, Specialized or Generic);
- The name and / or logo of the Verification Agency;
- The SANAS logo;
- The certificate must be signed by the authorized person from the Verification Agency; and
- The B-BBEE Status Level of Contribution obtained by the measured entity.

### **Registered auditors approved by IRBA**

The format and content of B-BBEE Status Level Verification Certificates issued by registered auditors approved by IRBA must -

- Clearly identify the B-BBEE approved registered auditor by the auditor's individual registration number with IRBA and the auditor's logo;
- Clearly record an approved B-BBEE Verification Certificate identification reference in the format required by the SASAE;
- Reflect relevant information regarding the identity and location of the measured entity;
- Identify the Codes of Good Practice or relevant Sector Codes applied in the determination of the scores;
- Record the weighting points (scores) attained by the measured entity for each scorecard element, where applicable, and the measured entity's overall B-BBEE Status Level of Contribution; and
- Reflect that the B-BBEE Verification Certificate and accompanying assurance report issued to the measured entity is valid for 12 months from the date of issuance and reflect both the issuance and expiry date.

Confirmation of the validity of a B-BBEE Status Level Verification Certificate can be done by tracing the name of the issuing B-BBEE approved registered auditor to the list of all approved registered auditors. The list is accessible on <http://www.thedti.gov.za> and / <http://www.irba.co.za>.

The relevant approved registered auditor may be contacted to confirm whether such a certificate was issued.

### **Accounting officers as contemplated in section 60(4) of the CCA;**

These certificates will be issued on the accounting officer's letterhead with the accounting officer's practice number and contact number clearly specified on the face of the certificates.

The content of B-BBEE Status Level Verification Certificates issued by accounting officers as contemplated in the CCA is detailed in paragraph 4.8.5 below.



## **VERIFICATION OF B-BBEE LEVELS IN RESPECT OF EMEs**

In terms of the Generic Codes of Good Practice, an enterprise including a sole propriety with annual total revenue of R10 million or less qualifies as an EME.

In instances where Sector Charters are developed to address the transformation challenges of specific sectors or industries, the threshold for qualification as an EME may be different from the generic threshold of R10 million. The relevant Sector Charter thresholds will therefore be used as a basis for a potential bidder to qualify as an EME.

- For example the approved thresholds for EMEs for the Tourism and Construction Sector Charters are R2.5 million and R1.5 million respectively.
- An EME automatically qualifies as a level 4 contributor with B-BBEE recognition level of 100% in terms of the Codes of Good Practice.
- An EME with at least 51% black ownership qualifies as Level 2 Contributor with B-BBEE level of 125% in terms of the Codes of Good Practice.
- An EME with 100% black ownership qualifies as a Level 1 contributor with B-BBEE level of 135% in terms of the Codes of Good Practice.
- An EME that is regarded as a specialized enterprise with at least 75% black beneficiaries qualifies as Level 1 contributor with B-BBEE level of 135% in terms of Codes of Good Practice.
- An EME that is regarded as a specialized enterprise with at least 51% black beneficiaries qualifies as a Level 2 contributor with B-BBEE level of 125% in terms of the Codes of Good Practice.
- An EME is required to submit a sworn affidavit confirming their annual total revenue of R 10 million or less and level of black ownership to claim points as prescribed by regulation 6 and 7 of the Preferential Procurement Regulations 2017.
- An EME that is regarded as a Specialized Enterprise, is required to submit a sworn affidavit confirming their annual turnover/ allocated budget/ gross receipt of R 10 million or less and level of percentage of black beneficiaries to claim points as prescribed by regulation 6 and 7 of the Preferential Procurement Regulations 2017.
- An EME may be measured in terms of the QSE scorecard should they wish to maximize their points and move to a higher B-BBEE recognition level. It is in this context that an EME may submit a B-BBEE verification certificate.

## **ELIGIBILITY AS QUALIFYING SMALL ENTERPRISES (QSE)**

The Codes define a QSE as any enterprise with annual total revenue of between R10 million and R50 million.

- A QSE with at least 51% black ownership qualifies as a Level 2 contributor.
- A QSE with 100% black ownership qualifies as a Level 1 Contributor.
- A QSE that is regarded as a specialized enterprise with at least 75% black beneficiaries qualifies as a Level 1 contributor with B-BBEE level of 135% in terms of the Codes of Good Practice.
- A QSE that is regarded as a specialized enterprise with at least 51% black beneficiaries qualifies as a Level 2 contributor with B-BBEE level of 125% in terms of the Codes of Good Practice.
- A QSE is required to submit a sworn affidavit confirming their annual total revenue of between R10 million and R 50 million and level of black ownership or a B-BBEE level verification certificate to claim points as prescribed by regulation 6 and 7 of the Preferential Procurement Regulations 2017.
- A QSE that is regarded as a specialized enterprise is required to submit a sworn affidavit confirming their annual turnover/ budget/ gross receipt of R 50 million or less and level of percentage of black beneficiaries or a B-BBEE level verification certificate to claim points as prescribed by regulation 6 and 7 of the Preferential Procurement Regulations 2017

**IN ORDER TO BE AWARDED PREFERENCE POINTS, ANNEXURE H. QUESTIONNAIRE AND ANNEXURE K. PREFERENCE POINTS CLAIM FORM (MBD 6.1), MUST BE COMPLETED - FAILURE TO COMPLY WITH THE ABOVEMENTIONED WILL RESULT IN NO PREFERENCE POINTS BEING AWARDED**

**17. Application**

These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.

Where applicable, special conditions of contract may be laid down and included to cover specific supplies, services or works.

Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

**18. Standards**

The goods supplied or the services rendered shall conform to the standards mentioned in the bidding documents and specifications.

**19. Information and Inspection**

The service provider shall not, without the District Municipality's prior written consent, disclose the agreement, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the District Municipality in connection therewith, to any person other than a person employed by the service provider in the performance of the agreement. Disclosure to any such employed person shall be made in confidence and shall extend only as far as may be necessary for purposes of such performance.

The service provider shall permit the District Municipality to inspect the supplier's records relating to the performance of the service provider and to have them audited by auditors appointed by the District Municipality, if so required by the District Municipality.

**20. Governing Language**

The governing language shall be English. All correspondence and other documents pertaining to the agreement that is exchanged by the parties shall also be written in English.

**21. Payments**

Payments shall be made by the District Municipality within **thirty (30)** calendar days of receiving the relevant **invoice / statement provided** by the supplier.

Payment will be made in Rand unless otherwise stipulated.

**22. Prices and Evaluation of bids**

Prices charged by the service provider for goods delivered and services performed under the contract shall not vary from the prices quoted by the service provider in this Tender.

The Bidder will be liable to take out forward cover to barricade him/her against fluctuation of the exchange rate in the event of importing any component, related to the tender, from a country dealing in currency other than that of South Africa.

THIS BID WILL BE EVALUATED AND ADJUDICATED ACCORDING TO THE FOLLOWING:

- Relevant specifications
- Value for money
- Capability to execute the contract
- PPPFA & associated regulations

### **23. Termination for default**

The District Municipality, without prejudice to any other remedy for breach of contract, by written notice of default sent to the service provider, may terminate this agreement in whole or in part:

If the service provider fails to deliver any or all of the goods within the period(s) specified in the agreement;

If the service provider fails to perform any obligation(s) under the contract; or

If the service provider in the judgment of the District Municipality, has engaged in corrupt or fraudulent practices in competing for or in executing the contract

In the event the District Municipality terminates the contract in whole or in part, the District Municipality may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the service provider shall be liable to the District Municipality for any excess costs for such similar goods, works or services. However, the service provider shall continue performance of the contract to the extent not terminated.

Where the District Municipality terminates the contract in whole or in part, the District Municipality may decide to impose a restriction penalty on the service provider by prohibiting such service provider from doing business with the public sector for a period not exceeding 10 years.

If a District Municipality intends imposing a restriction on a service provider or any person associated with the service provider, the service provider will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the service provider fail to respond within the stipulated fourteen (14) days the District Municipality may regard the service provider as having no objection and proceed with the restriction.

Any restriction imposed on any person by the District Municipality will, at the discretion of the District Municipality, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the District Municipality actively associated.

If a restriction is imposed, the District Municipality must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:

The name and address of the supplier and / or person restricted by the District Municipality;  
The date of commencement of the restriction;  
The period of restriction; and  
The reasons for the restriction

**These details will be loaded in the National Treasury's central database of service provider or persons prohibited from doing business with the public sector.**



If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

#### **24. Termination for Insolvency**

The District Municipality may at any time terminate the contract by giving written notice to the service provider if the service provider becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the service provider, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the District Municipality.

#### **25. Settlement of Disputes**

If any dispute or difference of any kind whatsoever arises between the District Municipality and the service provider in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the District Municipality or the service provider may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.

Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.

Notwithstanding any reference to mediation and/or court proceedings herein, the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and

The District Municipality shall pay the service provider any monies due for goods delivered and/or services rendered according to the prescripts of the contract.

#### **26. Applicable Law**

The contract shall be interpreted in accordance with South African laws, unless otherwise specified.

#### **27. Notices**

Every written acceptance of a bid and any other notices shall be posted to the service provider concerned by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice;

The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

#### **28. Taxes and duties**

A service provider shall be entirely responsible for all taxes, duties, license fees, etc., of the contracted goods to the District Municipality.

No contract shall be concluded with any tenderer whose tax matters are not in order.

No contract shall be concluded with any tenderer whose municipal rates and taxes and municipal services charges are in arrears.

## **29. Value-added tax (VAT) on invoices**

Tax invoices are to comply with the requirements as contained in the Value Added Tax Act, 1991 (Act No 89 of 1991). The content of the invoice must contain information as prescribed by the Act.

It is a requirement of this contract that the amount of value-added tax (VAT) must be shown clearly on each invoice.

The amended Value Added Tax Act, 1991 (Act No 89 of 1991) requires that a Tax Invoice for supplies in excess of R3,000 should, in addition to the other required information, also disclose the VAT registration number of the recipient, with effect from 1 March 2005.

Where the value of an intended contract will exceed R 1 000 000.00 (R1 Million) it is the bidder's responsibility to be registered with the South African Revenue Services (SARS) for VAT purposes in order to be able to issue tax invoices. CWDM will deem the price above R 1 000 000.00 (R1 Million) to be VAT inclusive even if it is indicated that no VAT is charged. Please ensure that provision is made for VAT in these instances.

The VAT registration number of the District Municipality is 4700193495.

## **30. Tax Clearance Certificate**

A valid original Tax Clearance Certificate must accompany the bid documents unless the bidder is registered on the Accredited Supplier Database of the Municipality and the Municipality has a valid original Tax Clearance Certificate for the bidder on record. The onus is on the bidder to ensure that the Municipality has an original Tax Clearance Certificate on record.

In the case of a Consortium/Joint Venture every member must submit a separate Tax Clearance Certificate with the bid documents unless the member is registered on the Accredited Supplier Database of the Municipality and the Municipality has a valid original Tax Clearance Certificate for the member on record.

If a bid is not supported by a valid original Tax Clearance Certificate, either as an attachment to the bid documents or on record in the case of suppliers registered on the Supplier Database of the Municipality, the Municipality reserves the right to obtain such document after the closing date to verify that the bidder's tax matters are in order. If no such document can be obtained within a period as specified by the Municipality, the bid will be disqualified.

## **31. Municipal Rates, Taxes and Charges**

A certified copy of the bidder's and those of its directors municipal accounts (for the Municipality where the bidder pays his account) for the month preceding the tender closure date must accompany the tender documents. If such a certified copy does not accompany the bid document of the successful bidder, the Municipality reserves the right to obtain such documents after the closing date to verify that their municipal accounts are in order.

Any bidder which is or whose directors are in arrears with their municipal rates and taxes or municipal charges due to any Municipality or any of its entities for more than three months and have not made an arrangement for settlement of same before the bid closure date will be unsuccessful.

If a bidder rents their premises, proof must be submitted that the rental includes their municipal rates and taxes or municipal charges and that their rent is not in arrears.

**32. Construction Industry Development Board (CIDB) (If applicable)**

When applicable, the bidder's CIDB registration number must be included with the tender. The Municipality will verify the bidder's CIDB registration during the evaluation process.

**33. Letter of Good Standing from the Commissioner of Compensation**

A valid Letter of Good Standing from the Compensation Commissioner or a certified copy thereof must accompany the bid documents unless the bidder is registered on the Accredited Supplier Database of the Municipality and the Municipality has a valid Letter of Good Standing from the Compensation Commissioner or a certified copy thereof for the bidder on record. The onus is on the bidder to ensure that the Municipality has a valid Letter of Good Standing from the Compensation Commissioner or a certified copy thereof on record.

A letter of good standing for "tender purposes" from the Department of Labour will also be accepted.

If no such document/s as specified by the Municipality is submitted, the bid will be disqualified.

## C. NATIONAL TREASURY - GOVERNMENT PROCUREMENT: GENERAL CONDITIONS OF CONTRACT

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The purpose of this document is to:

- (a) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and
- (b) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.
- (c) The General Conditions of Contract will form part of all bid documents and may not be amended.
- (d) Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC will prevail

### 1. DEFINITIONS

The following terms shall be interpreted as indicated:

- 1.1 **"Closing time"** means the date and hour specified in the bidding documents for the receipt of bids.
- 1.2 **"Contract"** means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.
- 1.3 **"Contract price"** means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.
- 1.4 **"Corrupt practice"** means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.
- 1.5 **"Countervailing duties"** are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.
- 1.6 **"Country of origin"** means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.
- 1.7 **"Day"** means calendar day.
- 1.8 **"Delivery"** means delivery in compliance of the conditions of the contract or order.
- 1.9 **"Delivery ex stock"** means immediate delivery directly from stock actually on hand.
- 1.10 **"Delivery into consignees store or to his site"** means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the goods are so delivered and a valid receipt is obtained.
- 1.11 **"Dumping"** occurs when a private enterprise abroad market its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA.

- 1.12 **"Force majeure"** means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.
- 1.13 **"Fraudulent practice"** means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.
- 1.14 **"GCC"** means the General Conditions of Contract.
- 1.15 **"Goods"** means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.
- 1.16 **"Imported content"** means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the goods covered by the bid will be manufactured.
- 1.17 **"Local content"** means that portion of the bidding price, which is not included in the imported content provided that local manufacture does take place.
- 1.18 **"Manufacture"** means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.
- 1.19 **"Order"** means an official written order issued for the supply of goods or works or the rendering of a service.
- 1.20 **"Project site,"** where applicable, means the place indicated in bidding documents.
- 1.21 **"Purchaser"** means the organization purchasing the goods.
- 1.22 **"Republic"** means the Republic of South Africa.
- 1.23 **"SCC"** means the Special Conditions of Contract.
- 1.24 **"Services"** means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.
- 1.25 **"Supplier"** means the successful bidder who is awarded the contract to maintain and administer the required and specified service(s) to the State.
- 1.26 **"Tort"** means in breach of contract
- 1.27 **"Turnkey"** means a procurement process where one service provider assumes total responsibility for all aspects of the project and delivers the full end product / service required by the contract.
- 1.28 **"Written" or "in writing"** means hand-written in ink or any form of electronic or mechanical writing.



## **2. APPLICATION**

- 2.1 These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services (excluding professional services related to the building and construction industry), sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.
- 2.2 Where applicable, special conditions of contract are also laid down to cover specific goods, services or works.
- 2.3 Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

## **3. GENERAL**

- 3.1 Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.
- 3.2 Invitations to bid are usually published in locally distributed news media and on the municipality/municipal entity website.

## **4. STANDARDS**

- 4.1 The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

## **5. USE OF CONTRACT DOCUMENTS AND INFORMATION INSPECTION**

- 5.1 The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.
- 5.2 The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.
- 5.3 Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.
- 5.4 The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

## **6. PATENT RIGHTS**

- 6.1 The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.
- 6.2 When a supplier developed documentation / projects for the municipality / municipal entity, the intellectual, copy and patent rights or ownership of such documents or projects will vest in the municipality / municipal entity.

## **7. PERFORMANCE SECURITY**

- 7.1 Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.
- 7.2 The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.
- 7.3 The performance security shall be denominated in the currency of the contract or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:
- (a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or
  - (b) a cashier's or certified cheque.
- 7.4 The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified.

## **8. INSPECTIONS, TESTS AND ANALYSES**

- 8.1 All pre-bidding testing will be for the account of the bidder.
- 8.2 If it is a bid condition that goods to be produced or services to be rendered should at any stage be subject to inspections, tests and analyses, the bidder or contractor's premises shall be open, at all reasonable hours, for inspection by a representative of the purchaser or organization acting on behalf of the purchaser.
- 8.3 If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.
- 8.4 If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the goods to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.
- 8.5 Where the goods or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such goods or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.
- 8.6 Goods and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.
- 8.7 Any contract goods may on or after delivery be inspected, tested or analysed and may be rejected if found not to comply with the requirements of the contract. Such rejected goods shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with goods, which do comply with the requirements of the contract. Failing such removal the rejected goods shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute goods forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected goods, purchase such goods as may be necessary at the expense of the supplier.

- 8.8 The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 22 of GCC.

## **9. PACKING**

- 9.1 The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.
- 9.2 The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, and in any subsequent instructions ordered by the purchaser.

## **10. DELIVERY AND DOCUMENTS**

- 10.1 Delivery of the goods and arrangements for shipping and clearance obligations, shall be made by the supplier in accordance with the terms specified in the contract.

## **11. INSURANCE**

- 11.1 The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified.

## **12. TRANSPORTATION**

- 12.1 Should a price other than an all-inclusive delivered price be required, this shall be specified.

## **13. INCIDENTAL SERVICES**

- 13.1 The supplier may be required to provide any or all of the following services, including additional services, if any:
- (a) Performance or supervision of on-site assembly and/or commissioning of the supplied goods;
  - (b) Furnishing of tools required for assembly and/or maintenance of the supplied goods;
  - (c) Furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
  - (d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
  - (e) Training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the supplied goods.
- 13.2 Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.



## **14. SPARE PARTS**

- 14.1 As specified, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:
- (a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and;
  - (b) in the event of termination of production of the spare parts:
    - (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
    - (ii) Following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

## **15. WARRANTY**

- 15.1 The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.
- 15.2 This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise.
- 15.3 The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.
- 15.4 Upon receipt of such notice, the supplier shall, within the period specified and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.
- 15.5 If the supplier, having been notified, fails to remedy the defect(s) within the period specified, the purchaser may proceed to take such remedial action as may be necessary, at the **supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.**

## **16. PAYMENT**

- 16.1 The method and conditions of payment to be made to the supplier under this contract shall be specified.
- 16.2 The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfilment of other obligations stipulated in the contract.
- 16.3 Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.
- 16.4 Payment will be made in Rand unless otherwise stipulated.

- 16.5 Where the value of an intended contract will exceed R1 000 000, 00 (R1 million) it is the bidder's responsibility to be registered with the South African Revenue Service (SARS) for VAT purposes in order to be able to issue tax invoices. It is a requirement of this contract that the amount of value-added tax (VAT) must be shown clearly on each invoice. The amended Value-Added Tax Act requires that a Tax Invoice for supplies in excess of R3 000 should, in addition to the other required information, also disclose the VAT registration number of the recipient, with effect from 1 March 2005.

## **17. PRICES**

- 17.1 Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized or in the purchaser's request for bid validity extension, as the case may be.

## **8. VARIATION ORDERS**

- 18.1 In cases where the estimated value of the envisaged changes in purchase does not vary more than 15% of the total value of the original contract, the contractor may be instructed to deliver the goods or render the services as such. For construction related goods, services and/or infrastructure project, contracts may be expanded or varied by not more than 20%. In cases of measurable quantities, the contractor may be approached to reduce the unit price, and such offers may be accepted provided that there is no escalation in price.

## **19. ASSIGNMENT**

- 19.1 The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

## **20. SUBCONTRACTS**

- 20.1 The supplier shall notify the purchaser in writing of all subcontracts awarded under this contract if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

## **21. DELAYS IN THE SUPPLIER'S PERFORMANCE**

- 21.1 Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.
- 21.2 If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.
- 21.3 The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the goods are required, or the supplier's services are not readily available.
- 21.4 Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 22.2 without the application of penalties.

- 21.5 Upon any delay beyond the delivery period in the case of a goods contract, the purchaser shall, without cancelling the contract, be entitled to purchase goods of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

## **22. PENALTIES**

- 22.1 Subject to GCC Clause 25, if the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

## **23. TERMINATION FOR DEFAULT**

- 23.1 The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;
  - (b) If the supplier fails to perform any other obligation(s) under the contract; or
  - (c) If the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 23.2 In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner, as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.
- 23.3 Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.
- 23.4 If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the supplier as having no objection and proceed with the restriction.
- 23.5 Any restriction imposed on any person by the purchaser will, at the discretion of the purchaser, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the purchaser actively associated.
- 23.6 a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:
- (i) The name and address of the supplier and / or person restricted by the purchaser;
  - (ii) The date of commencement of the restriction
  - (iii) The period of restriction; and
  - (iv) The reasons for the restriction

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

- 23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website

## **24. ANTIDUMPING AND COUNTERVAILING DUTIES AND RIGHTS**

- 24.1 When, after the date of bid, provisional payments are required, or anti-dumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favorable difference shall on demand be paid forthwith by the supplier to the purchaser or the purchaser may deduct such amounts from moneys (if any) which may otherwise be due to the supplier in regard to goods or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount which may be due to him.

## **25. FORCE MAJEURE**

- 25.1 Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.
- 25.2 If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

## **26. TERMINATION FOR INSOLVENCY**

- 26.1 The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy, which has accrued or will accrue thereafter to the purchaser.

## **27. SETTLEMENT OF DISPUTES**

- 27.1 If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.
- 27.2 If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.



27.3 Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.

27.4 Notwithstanding any reference to mediation and/or court proceedings herein,

- (a) The parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and
- (b) The purchaser shall pay the supplier any monies due the supplier for goods delivered and / or services rendered according to the prescripts of the contract.

## **28. LIMITATION OF LIABILITY**

28.1 Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;

- (a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and
- (b) The aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.

## **29. GOVERNING LANGUAGE**

29.1 The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.

## **30. APPLICABLE LAW**

30.1 The contract shall be interpreted in accordance with South African laws, unless otherwise specified.

## **31. NOTICES**

31.1 Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice.

31.2 The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

## **32. TAXES AND DUTIES**

32.1 A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.

32.2 A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.

32.3 No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid SARS must have certified that the tax matters of the preferred bidder are in order.

32.4 No contract shall be concluded with any bidder whose municipal rates and taxes and municipal services charges are in arrears.

### **33. TRANSFER OF CONTRACTS**

- 33.1 The contractor shall not abandon, transfer, cede assign or sublet a contract or part thereof without the written permission of the purchaser

### **34. AMENDMENT OF CONTRACTS**

- 34.1 No agreement to amend or vary a contract or order or the conditions, stipulations or provisions thereof shall be valid and of any force unless such agreement to amend or vary is entered into in writing and signed by the contracting parties. Any waiver of the requirement that the agreement to amend or vary shall be in writing, shall also be in writing.

### **35. PROHIBITION OF RESTRICTIVE PRACTICES**

- 35.1 In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder(s) is / are or a contractor(s) was / were involved in collusive bidding.
- 35.2 If a bidder(s) or contractor(s) based on reasonable grounds or evidence obtained by the purchaser has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in section 59 of the Competition Act No 89 Of 1998.
- 35.3 If a bidder(s) or contractor(s) has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.

## D. APPLICATION OF PREFERENCE POINT SYSTEM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

The applicable **80/20** preferential points system as set out in Preferential Procurement Regulations 2017 will be used to evaluate individual tenders.

Regulation R 32 of 20 January 2017 provide for a preference points system


**80/20 Preference point system [(for acquisition of goods or services for a Rand value equal to or above R30 000 and up to R50 million) (all applicable taxes included)]**

The points are awarded as follows:

- 80 points is awarded for the **lowest price** if it complies with the Tender / Formal Written Price Quotation conditions.
- Additional points are awarded for attaining the **B-BBEE status level** of contributor in accordance with the table below:


B-BBEE Status Level of Contributor	Number of Points
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

## E. INVITATION TO BID - MBD1

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF MUNICIPALITY/ MUNICIPAL ENTITY)					
Tender number:	T 2021/064	Closing date:	19/05/2021	Closing time:	11h00
Description	MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED ROAD MAINTENANCE, ROAD CONSTRUCTION AND WORKSHOP EMPLOYEES AT THE CAPE WINELANDS DISTRICT MUNICIPALITY FOR THE PERIOD ENDING TO 30 JUNE 2024				
THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7).					
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE TENDER BOX SITUATED AT: 29 DU TOIT STREET, STELLENBOSCH					
SUPPLIER INFORMATION					
Name of bidder	Lebagang Parkies				
Postal address	P. o. Box 15570, Impala Park, Boksburg, 1517				
Street address	157 Main Road, De-Kekers, Gansbaai, 7220				
Telephone number	Code	011	Number	394 0369	
Cell phone number	082 553 2416				
E-mail address	lebo@chscare.co.za				
VAT registration number	4620196206				
Tax compliance status	TCS PIN:		OR	CSD No:	MAAA0052755
B-BBEE status level verification certificate (tick applicable box)	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		B-BBEE status level sworn affidavit		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE / SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]					
Are you the accredited representative in South Africa for the goods / services / works offered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [If yes enclose proof]		Are you a foreign based supplier for the goods / services / works offered?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [If yes, answer part b:3]
Total number of items offered	6		Total bid price		R315 476.77
Signature of bidder			Date		19 May 2021
Capacity under which this bid is signed	Director: Business Development				
TECHNICAL INFORMATION MAY BE DIRECTED TO:					
Contact person	Izak van der Westhuizen				
Telephone number	021 870 3231 / 082 5577 690				
E-mail address	izak@capewinelandsgov.za				
BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED					
Contact person	Elmine Niemand				
Telephone number	021 888 5175				
E-mail address	elmine@capewinelandsgov.za				



TERMS AND CONDITIONS FOR BIDDING – PART B	
<b>1. BID SUBMISSION:</b>	
1.1. Bids must be delivered by the stipulated time to the correct address. Late bids will not be accepted for consideration. 1.2. All bids must be submitted on the official forms provided—(not to be re-typed) or online 1.3. This bid is subject to the Preferential Procurement Policy Framework Act and the Preferential Procurement Regulations, 2017, the General Conditions of Contract (GCC) and, if applicable, any other special conditions of contract.	
<b>2. TAX COMPLIANCE REQUIREMENTS</b>	
2.1 Bidders must ensure compliance with their tax obligations. 2.2 Bidders are required to submit their unique personal identification number (pin) issued by SARS to enable the organ of state to view the taxpayer's profile and tax status. 2.3 Application for the tax compliance status (TCS) certificate or pin may also be made via e-filing. In order to use this provision, taxpayers will need to register with SARS as e-filers through the website www.sars.gov.za. 2.4 Foreign suppliers must complete the pre-award questionnaire in part b:3. 2.5 Bidders may also submit a printed TCS certificate together with the bid. 2.6 In bids where consortia / joint ventures / sub-contractors are involved, each party must submit a separate TCS certificate / pin / CSD number. 2.7 Where no TCS is available but the bidder is registered on the central supplier database (CSD), a CSD number must be provided.	
<b>3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>	
3.1. Is the entity a resident of the republic of South Africa (RSA)? 3.2. Does the entity have a branch in the RSA? 3.3. Does the entity have a permanent establishment in the RSA? 3.4. Does the entity have any source of income in the RSA? 3.5. Is the entity liable in the RSA for any form of taxation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer is "no" to all of the above, then it is not a requirement to register for a tax compliance status system pin code from the South African Revenue Service (SARS) and if not register as per 2.3 above.</b>	
<b>NB: failure to provide any of the above particulars may render the bid invalid.          No bids will be considered from persons in the service of the state.</b>	

Signature(s): 

Name(s): Lebogang Rvkieg

Capacity for the Tenderer: Director: Business Development

Date: 19 May 2021



## **F. SPECIAL CONDITIONS OF CONTRACT AND TERMS OF REFERENCE**

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### **1. BACKGROUND**

Tenders are hereby invited from service providers who shall be an occupational health practitioner registered with the Health Professions Council of South Africa, to issue medical certificates of fitness as stipulated in the Occupational Health and Safety Act, 1993 (Act No 85 of 1993): Construction Regulations.

### **2. INTRODUCTION**

2.1 The medical fitness assessment is applicable to all operators of construction vehicles as stipulated in Regulations 23(1)(d)(ii) of the Construction Regulations of 07 February 2014 and will therefore also include all mechanical workshop staff involved in operating construction vehicles when testing the vehicle after performing a mechanical repair or service.

2.2 The medical fitness assessment is also applicable to all staff at the mechanical workshop exposed to regular physical mechanical activities involving heavy road construction and firefighting vehicles, welding fumes, carbon monoxide and chemical products such as battery acid, used oil, etc when working in enclosed spaces such as a workshop service pit.

### **3. DEFINITIONS**

3.1 "Medical certificate of fitness" means a certificate of fitness –

- (a) Specific to the road construction and maintenance work to be performed with potential health hazards as identified.
- (b) Issued by a registered occupational health practitioner; and
- (c) Valid for period as stipulated by the registered occupational health practitioner.

Medical fitness assessments must be performed by an occupational health practitioner registered with the Health Professions Council of South Africa or South African Nursing Council to issue a medical certificate of fitness as stipulated in the Occupational Health and Safety Act, 1993 (Act No 85 of 1993): Construction Regulations, who are in good standing.

The service provider must provide, together with the completed tender, proof of **registration with the Health Professions Council of South Africa or the South African Nursing Council, including the validity period.**

3.2 Construction works as defined in the Construction Regulations of 07 February 2014 means any work in connection with:

The construction, erection, alteration, renovation, repair, demolition or dismantling of or addition to a building or any similar structure; or

The construction, erection, maintenance, demolition of any bridge, dam, canal, road, railway, runway, sewer or water reticulation system; or the moving of earth, clearing of land, the making of an excavation, piling, or any similar civil engineering structure or type of work.

#### 4. SCOPE OF WORK

##### 4.1 Services required must include all of the following:

- (a) Routine and ad-hoc medical check-ups with blood pressure, urine, finger prick blood sugar, lung function, audiometry, optometry and general visual skin examination on all exposed skin (face, neck, hands and arms);
- (b) Follow-up tests to be as determined by the prospective service provider;
- (c) Routine, ad-hoc and follow-ups medical check-ups must be performed within 48 hours, or a period as mutually agreed upon between the CWDM and the service provider;
- (d) Issuing of a medical certificate of fitness with a validity period to be specified by the registered medical practitioner within 48 hours, or a period as mutually agreed upon between the CWDM and the service provider, after the routine medical check-ups being performed by the registered medical practitioner (The completed medical certificates of fitness must be provided to a Human Resource Practitioner to be identified by the Cape Winelands District Municipality) and
- (e) All staff, material and equipment needed for the medical fitness assessments and issuing of the medical certificates of fitness must be provided by the service provider.

##### 4.2 The format of the medical certificate of fitness to be used shall be as specified in Annexure 3 of the in the Occupational Health and Safety Act, 1993 (Act No 85 of 1993): Construction Regulations. Copies of this format for the applicable occupational categories will be provided by the Cape Winelands District Municipality to the successful service provider.

##### 4.3 Job descriptions and possible health risks will be provided by the Cape Winelands District Municipality to the successful service provider for preparation purposes. All medical check-up information must be confidential.

##### 4.4 If a medical certificate of fitness cannot be issued for an employee by the registered medical practitioner, full reasons in writing must be provided to a Human Resource Practitioner to be identified by the Cape Winelands District Municipality within 48 hours of the routine medical check-ups being performed by the registered medical practitioner, or a period as mutually agreed upon between the CWDM and the service provider.

##### 4.5 It will be cost-effective and efficient for the Municipality that the services be performed at the different CWDM Roads Depots, the addresses of the depots are shown below. It is also for the discretion of the service provider to provide the service at their own premises. Prices quoted must be inclusive of all relevant costs, including transportation costs, accommodation, refreshments, etc. if the service is provided at the premises of the service provider.

Stellenbosch	- Drukkers Avenue, Stellenbosch
Paarl	- Heide Street, Paarl
Worcester	- C/O Louise Lange and Schönland Street, Worcester
Robertson	- Konstitusie Street, Robertson
Ceres	- Môreson, Ceres Industrial Area, Ceres

4.6 The estimated number of personnel at the various depots are as follow:

Stellenbosch	- 58
Paarl	- 20
Worcester	- 37
Robertson	- 28
Ceres	- 35

Where numbers have been mentioned, it must be noted that they will not remain fixed for the duration of the tender.

4.7 In instances where the Occupational Health Practitioner utilized is a different person than the person mentioned for tender purposes, the service provider must provide a valid **registration certificate with the Health Profession's Council of South Africa (HPCSA) or South African Nursing Council** to operate as an Occupational Health Medical Practitioner.

## 5. DURATION

The tender will be valid for a period ending 30 June 2024. Prices quoted must be valid for the duration of the tender.

## 6. EVALUATION CRITERIA

- Submit a valid registration certificate **with the Health Profession's Council of South Africa (HPCSA) or South African Nursing Council** to operate as an Occupational Health Medical Practitioner. Failure to provide proof will result in disqualification. The CWDM reserves the right to do inspections of such registration certificates at any point in time.

## 7. REFERENCES AND EXPERIENCE

- Submit proof of relevant experience in providing Occupational Health medical services to Corporates.
- Submit three (3) contactable references as well as reference letters where similar services were rendered.

## 8. EVALUATION & AWARD

For all routine an ad-hoc medical check-ups, evaluation will be based on the estimated number of personnel for each area.

For follow-ups, evaluation will be based on one person for each area.

The tender will be evaluated per geographical, however the CWDM reserves the right to award to one service provider or all the Municipal areas.

## 9. REMUNERATION

No upfront payments will be made.

Payments to the Service Provider will only be affected upon completion of services. And submission of medical certificates and/or reports.

All prices are exclusive of Value Added Tax

## 10. DELIVERABLES

- (a) Routine and ad-hoc medical check-ups with blood pressure, urine, finger prick blood sugar, lung function, audiometry, optometry and general visual skin examination on all exposed skin (face, neck, hands and arms);
- (b) Follow-up tests to be as determined by the prospective service provider.
- (c) Routine, ad-hoc and follow-ups medical check-ups must be performed within 48 hours, or a period as mutually agreed upon between the CWDM and the service provider.
- (d) Issuing of a medical certificate of fitness with a validity period to be specified by the registered medical practitioner within 48 hours, or a period as mutually agreed upon between the CWDM and the service provider, after the routine medical check-ups being performed by the registered medical practitioner (The completed medical certificates of fitness must be provided to a Human

## 11. CONDITIONS FOR TRANSPORTING OF EMPLOYEES

In the instance where the service provider will perform the check-ups at their own premises, they will be responsible for the transportation of the CWDM employees from Worcester to their practice, subject to the following conditions:

Buses utilized should be in an excellent roadworthy and running condition, with good interiors and fully insured, including the third party.

- The service provider must ensure that the following documents of the bus, driver and third party are valid and in order:
- Valid Roadworthy Certificate of the specific class of vehicle.
- Valid Professional Driver's Permit of driver.
- Valid Drivers' License of driver for the specific class of vehicle.
- Valid Operating License.
- Passenger Liability Insurance of third party.
- Buses should have neat and hygienic seat covers, fire extinguisher units and first aid boxes.
- The service provider must ensure that drivers are not under the influence of alcohol or other intoxicants while performing their duties.
- Smoking and the usage of alcohol or other intoxicants should be strictly prohibited for drivers as well as for all passengers inside buses.
- The usage of alcohol should be strictly prohibited for all passengers during rest stops.
- When indicated and specified by the Cape Winelands District Municipality, buses must have toilet facilities and air conditioning that are in a working condition.
- When indicated, buses must be accessible for people with disabilities and should include the following additional services:

- Provide assistance with boarding and de-boarding of buses, luggage, stowage and retrieval of mobility devices; also during rest stops and other times as reasonably requested.
- Ensure dignified, safe and efficient boarding, transporting and alighting of disabled passengers, regardless of mobility status.
- Minimize any potential damage to mobility devices.
- Safe stowage of mobility devices in overhead compartments, or if not possible, in the baggage compartment of the bus and/or a trailer.



## G. FORM OF OFFER

### OFFER

The Cape Winelands District Municipality, identified in the acceptance signature block, has solicited offers to enter into a Contract in respect of the following works:

**T 2021/064: MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED ROAD MAINTENANCE, ROAD CONSTRUCTION AND WORKSHOP EMPLOYEES AT THE CAPE WINELANDS DISTRICT MUNICIPALITY FOR THE PERIOD ENDING TO 30 JUNE 2024**

The bidder, identified in the offer signature block, has examined the documents listed in the tender data and addenda thereto as listed in the tender schedules, and by submitting this offer has accepted the Conditions of Tender and offers to perform all of the obligations and liabilities under the contract including compliance with all its terms and conditions according to their true intent and meaning for an amount of be determined in accordance with the conditions of contract identified in the Conditions of Contract.

By the representative of the bidder, deemed to be duly authorized, signing this part of this form of offer and acceptance, the bidder offers to perform all of the obligations and liabilities of the Service Provider under the contract including compliance with all its terms and conditions according to their true intent and meaning for an amount of be determined in accordance with the conditions of contract identified in the Conditions of Contract.

**For proper evaluation purposes it is essential that this specific pricing schedule be completed in full and signed. Alternative pricing schedules will not be accepted**

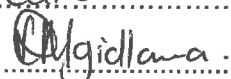
This offer may be accepted by the Cape Winelands District Municipality by signing the Acceptance part of this form of offer and acceptance and returning one copy of this document to the bidder before the end of the period of validity Stated in the Conditions of Tender, whereupon the bidder becomes the party named as the Service Provider in the Conditions of Contract.

Signature(s):  .....

Name(s): Lebogang Parkies .....

Capacity for the Tenderer: Director: Business Development .....

Name of organization: OHS Care .....

Name and Signature of Witness:  ..... Date: 19 May 2021

For proper evaluation purposes it is essential that this specific pricing schedule be completed in full and signed. Alternative pricing schedules will not be accepted.

PRICE SCHEDULE		CERES: PRICE PER PERSON	
<b>ROUTINE &amp; AD-HOC CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Routine and ad-hoc medical check-ups with blood pressure, urine, and finger prick blood sugar, lung function, audiometry, optometry and general visual skin examination for all exposed skin (face, neck, hands and arms) and issuing of a medical certificate of fitness with a specified validity period.	R	430.00	
		01 July 2022 – 30 June 2023	
	R	455.80	
		01 July 2023 – 30 June 2024	
	R	483.14	
<b>FOLLOW-UP MEDICAL CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Follow-up medical check-ups to be as determined by the service provider	R	20.00	
		01 July 2022 – 30 June 2023	
	R	21.20	
		01 July 2023 – 30 June 2024	
	R	22.40	
<b>ON SITE CHECK-UP</b>	<b>YES/NO</b>	<b>OFF SITE CHECK-UP</b>	<b>YES/NO</b>
<b>IN THE CASE OF OFF-SITE CHECK-UP PROVIDE PHYSICAL ADDRESS</b>		N/A	

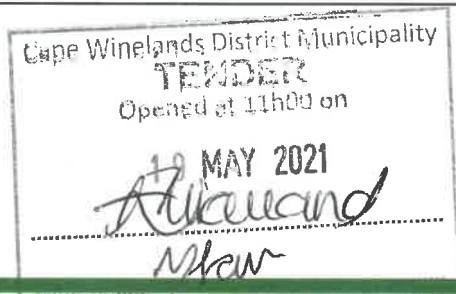
PRICE SCHEDULE		STELLENBOSCH: PRICE PER PERSON	
<b>ROUTINE &amp; AD-HOC CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Routine and ad-hoc medical check-ups with blood pressure, urine, and finger prick blood sugar, lung function, audiometry, optometry and general visual skin examination for all exposed skin (face, neck, hands and arms) and issuing of a medical certificate of fitness with a specified validity period.	R	430.00	
		01 July 2022 – 30 June 2023	
	R	455.80	
		01 July 2023 – 30 June 2024	
	R	483.14	
<b>FOLLOW-UP MEDICAL CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Follow-up medical check-ups to be as determined by the service provider	R	20.00	
		01 July 2022 – 30 June 2023	
	R	21.20	
		01 July 2023 – 30 June 2024	
	R	22.40	
<b>ON SITE CHECK-UP</b>	<b>YES/NO</b>	<b>OFF SITE CHECK-UP</b>	<b>YES/NO</b>
<b>IN THE CASE OF OFF-SITE CHECK-UP PROVIDE PHYSICAL ADDRESS</b>		N/A	

12 MAY 2021  
*[Signature]*  
 Witness: *[Signature]*



PRICE SCHEDULE		WORSTER: PRICE PER PERSON	
<b>ROUTINE &amp; AD-HOC CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Routine and ad-hoc medical check-ups with blood pressure, urine, and finger prick blood sugar, lung function, audiometry, optometry and general visual skin examination for all exposed skin (face, neck, hands and arms) and issuing of a medical certificate of fitness with a specified validity period.		R	430.00
		01 July 2022 – 30 June 2023	
		R	455.80
		01 July 2023 – 30 June 2024	
		R	483.14
<b>FOLLOW-UP MEDICAL CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Follow-up medical check-ups to be as determined by the service provider		R	20.00
		01 July 2022 – 30 June 2023	
		R	21.20
		01 July 2023 – 30 June 2024	
		R	22.40
<b>ON SITE CHECK-UP</b>	<b>YES/NO</b>	<b>OFF SITE CHECK-UP</b>	<b>YES/NO</b>
<b>IN THE CASE OF OFF-SITE CHECK-UP PROVIDE PHYSICAL ADDRESS</b>		N/A	

PRICE SCHEDULE		ROBERTSON: PRICE PER PERSON	
<b>ROUTINE &amp; AD-HOC CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Routine and ad-hoc medical check-ups with blood pressure, urine, and finger prick blood sugar, lung function, audiometry, optometry and general visual skin examination for all exposed skin (face, neck, hands and arms) and issuing of a medical certificate of fitness with a specified validity period.		R	430.00
		01 July 2022 – 30 June 2023	
		R	455.80
		01 July 2023 – 30 June 2024	
		R	483.14
<b>FOLLOW-UP MEDICAL CHECK-UPS</b>		01 July 2021 – 30 June 2022	
Follow-up medical check-ups to be as determined by the service provider		R	20.00
		01 July 2022 – 30 June 2023	
		R	21.20
		01 July 2023 – 30 June 2024	
		R	22.40
<b>ON SITE CHECK-UP</b>	<b>YES/NO</b>	<b>OFF SITE CHECK-UP</b>	<b>YES/NO</b>
<b>IN THE CASE OF OFF-SITE CHECK-UP PROVIDE PHYSICAL ADDRESS</b>		N/A	



PRICE SCHEDULE		PAARL: PRICE PER PERSON	
<b>ROUTINE &amp; AD-HOC CHECK-UPS</b>		<b>01 July 2021 – 30 June 2022</b>	
Routine and ad-hoc medical check-ups with blood pressure, urine, and finger prick blood sugar, lung function, audiometry, optometry and general visual skin examination for all exposed skin (face, neck, hands and arms) and issuing of a medical certificate of fitness with a specified validity period.		R	430.00
		<b>01 July 2022 – 30 June 2023</b>	
		R	455.80
		<b>01 July 2023 – 30 June 2024</b>	
		R	483.14
<b>FOLLOW-UP MEDICAL CHECK-UPS</b>		<b>01 July 2021 – 30 June 2022</b>	
Follow-up medical check-ups to be as determined by the service provider		R	20.00
		<b>01 July 2022 – 30 June 2023</b>	
		R	21.20
		<b>01 July 2023 – 30 June 2024</b>	
		R	22.40
<b>ON SITE CHECK-UP</b>	<b>YES/NO</b>	<b>OFF SITE CHECK-UP</b>	<b>YES/NO</b>
<b>IN THE CASE OF OFF-SITE CHECK-UP PROVIDE PHYSICAL ADDRESS</b>		N/A	

Cape Winelands District Municipality  
**TENDER**  
 Opened at 11h00 on  
 13 MAY 2021  
*Rutgerend*  
 Witness: *Man*

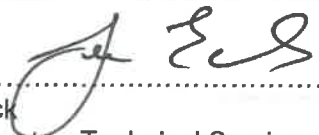
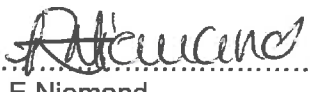
## H. ACCEPTANCE

By signing this part of this form of offer and acceptance, the Employer identified below accepts the Tenderers offer. In consideration thereof, the Employer shall pay the Service Provider the amount due in accordance with the Conditions of Contract identified in the contract that is the subject of this agreement.

Deviations from and amendments to the documents listed in the tender data and any addenda thereto as listed in the tender schedules as well as any changes to the terms of the offer agreed by the tenderer and the Employer during this process of offer and acceptance, are contained in the schedule of deviations attached to, and forming part of this agreement. No amendments to or deviations from said documents are valid unless contained in this schedule, which must be signed by the authorized representative(s) of both parties.

The tenderer shall within two weeks after receiving a completed copy of this agreement, including the schedule of deviations (if any), contact the Employer's agent (whose details are given in the contract data) to arrange the delivery of any bonds, guarantees, proof of insurance and any other documentation to be provided in terms of the conditions of contract identified in the Contract Data at, or just after, the date this agreement comes into effect. Failure to fulfil any of these obligations in accordance with those terms shall constitute a repudiation of this agreement.

Notwithstanding anything contained herein, this agreement comes into effect on the date when the tenderer receives one fully completed original copy of this document, including the schedule of deviations (if any). Unless the tenderer (now Service Provider) within five days of the date of such receipt notifies the Employer in writing of any reason why he cannot accept the contents of this agreement, this agreement shall constitute a binding contract between the parties.

ACCEPTANCE (to be completed by the Cape Winelands District Municipality)	
T 2021/064: MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED ROAD MAINTENANCE, ROAD CONSTRUCTION AND WORKSHOP EMPLOYEES AT THE CAPE WINELANDS DISTRICT MUNICIPALITY FOR THE PERIOD ENDING TO 30 JUNE 2024	
 ..... Mr. F. van Eck Executive Director: Technical Services	15/11/2021 ..... Date
 ..... Me. E Niemand Witness	15/11/2021 ..... Date

# I. QUESTIONNAIRE

List all partners / members / directors of this enterprise			
Van / Surname / Ifani	Voornaam / First name / Amagama	ID Nr./No. Inombolo	State Employee Number
Pierre Ackermann	Pierre	8209245135081	N/A
Vivian Mashilwane	Vivian	7810050316087	N/A
Petronella Wood	Petronella	7104220197084	N/A
Lesego Parkies	Lesego	7809150535083	N/A

## BROAD-BASED BLACK ECONOMIC EMPOWERMENT (Act 53 of 2003)

**LW!** Om Voorkeerpunte te eis moet 'n gesertifiseerde afskrif van u Gebalanseerde Breë Basis Swart Ekonomiese Bemagtigings-telkaart voorgelê word tesame met die MBD 6.1 Eisvorm vir punte.

**NB!** To claim Preference points a certified copy of your Balanced Broad-Based Black Economic Empowerment Score Card must be submitted with the MBD 6.1 Claim Form.

**QAPHELA!** Ukuba ufuna ukwenza ibango lamanqaku akhethekileyo, kufuneka ukuba isicelo sakho sekopi eqinisekisiweyo ye Balanced Broad-Based Black Economic Empowerment Score Card hambe kunye nefomu eyi **MBD 6.1 Claim Form**.

Vir meer inligting besoek: / For more information please visit: / Inkcukach ezithe vetshe uzakuzifumana aph:

The Department of Trade and Industry: <http://bee.thedti.gov.za/>  
 South African National Accreditation System: <http://www.sanas.co.za/directory.php>  
 Independent Regulatory Board of Auditors: <http://irba.co.za/index.php>

*OHS Care*

### Besigheid of persoon se naam:- / Business or person's name:- / Igama leshishini okanye lomntu

**\*\*1.** Persentasie aandeelhouding van persone (HBI) in die besigheid wat histories benadeel is as gevolg van onregverdige diskriminasie gebaseerd op **ras**.  
 Percentage of shareholding of persons (HDI) in the business historically disadvantaged because of unfair discrimination based on **race**.  
 Ipersenti yesabelo sabantu kwishishini elalisakuthinteleka ekuxhamleni amalungelo athile ngenxa yobandlululo **ngokobuhlanga**.

0 %

**2.** Persentasie aandeelhouding van persone (HBI) in die besigheid wat histories benadeel is as gevolg van onregverdige diskriminasie gebaseerd op **geslag**.  
 Percentage of shareholding of persons (HDI) in the business historically disadvantaged because of unfair discrimination based on **gender**.  
 Ipersenti yesabelo sabantu kwishishini elalisakuthinteleka ekuxhamleni amalungelo athile ngenxa yobandlululo **ngokwesini**.

51 %

**3.** Persentasie aandeelhouding van persone (HBI) in die besigheid wat histories benadeel is as gevolg van onregverdige diskriminasie gebaseerd op **gestremdheid**.  
 Percentage of shareholding of persons (HDI) in the business historically disadvantaged because of unfair discrimination based on **disability**.  
 Ipersenti yesabelo sabantu kwishishini elalisakuthinteleka ekuxhamleni amalungelo athile ngenxa yobandlululo **ngokobulwelwe**.

0 %

**4.** Persentasie aandeelhouding van persone geklassifiseer as **jeug**. (18 – 35 Jaar oud).  
 Percentage of shareholding of persons in the business classified as **youth**. (18 – 35 Years old)  
 Ipersenti labantu abanezabelo kwinkonzo zoshishino ababizwa ngokuba lulutsha (18 – 35 Yeminyaka)

0 %

**5.** Is u besigheid geleë binne die jurisdiksie van die Distriksmunisipaliteit? In / Uit

Is your business established within the area of jurisdiction of the District Municipality? In / Out  
 Ingaba ishishini lakho limi kwingingqi elawulwa nguMasipala wesithili? Ngaphakathi / Ngaphandle

☐ In/Ngaphakathi

☒ Uit/Out/Ngaphandle

**6.** Maak u gebruik van plaaslike arbeid (werkskepping)? Ja / Nee

Do you make use of local labour (job creation)? Yes / No

Uyawasebenzisa amathuba avelayo odalo lomsebenzi (ukudala umsebenzi)? Ewe / hayi

☒ Ja/Yes/Ewe

☐ Nee/No/Hayi



## J. DECLARATION OF INTEREST – (MBD 4 B)

(On behalf of the company and its directors/ members/ trustees/ principle shareholders<sup>2</sup>)

1. No bid/database registration will be accepted from persons in the service of the state<sup>1</sup>.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid/database registration. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in the service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.
- 3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid/database registration in respect of owners/shareholders<sup>2</sup> of the company.

3.1	Full Name of bidder or his or her representative	Lebogang Parkies
3.2	Identity Number (person submitting this declaration)	750317 5296 082
3.3	Position occupied in the Company (official/director/trustee/shareholder <sup>3</sup> ):	Director: Business Development
3.4	Company Registration Number	2008/234142/23
3.5	Tax Reference Number	9090313140
3.6	VAT Registration Number	4620196206
3.7	The names of all directors/ members/ trustees/ principle shareholders, their individual identity numbers, personal tax reference numbers and state employee numbers must be indicated in paragraph 4 below	

3.8	Are you or any director/ member/ trustee/ principle shareholder presently in the service of the state?	Yes	<input checked="" type="radio"/> No
3.8.1	If yes, furnish particulars. (Please write in Block Letters. Add separate page if more than one.		
SA ID Number:		Relation:	
Surname:		Persal No:	
Full Names:			
Organ of State:		Position:	

3.9	Have you or any director/ member/ trustee/ principle shareholder been in the service of the state for the past twelve months?	Yes	<input checked="" type="radio"/> No
3.9.1	If yes, furnish particulars. (Please write in Block Letters. Add separate page if more than one.		
SA ID Number:		Relation:	
Surname:		Persal No:	
Full Names:			
Organ of State:		Position:	



3.10	Do you or any director/ member/ trustee/ principle shareholder have any relationship (family, friend, other) with persons in the service of the state and/or who may be involved with the evaluation and/or adjudication of this or any other prospective bid?	Yes	<input checked="" type="radio"/> No
3.10.1	If yes, furnish particulars. (Please write in Block Letters. Add separate page if more than one.		
SA ID Number:		Relation:	
Surname:		Persal No:	
Full Names:			
Organ of State:		Position:	

3.11	Are you aware of any relationship (family, friend, other) between you or any director/ member/ trustee/ principle shareholder and any persons in the service of the state who may be involved with the evaluation and/or adjudication of this or any other prospective bid?	Yes	<input checked="" type="radio"/> No
3.11.1	If yes, furnish particulars. (Please write in Block Letters. Add separate page if more than one.		
SA ID Number:		Relation:	
Surname:		Persal No:	
Full Names:			
Organ of State:		Position:	

3.12	Is any spouse, child or parent of the company's directors/ members/ trustees/ principle shareholders or stakeholders in the service of the state?	Yes	<input checked="" type="radio"/> No
3.12.1	If yes, furnish particulars. (Please write in Block Letters. Add separate page if more than one.		
SA ID Number:		Relation:	
Surname:		Persal No:	
Full Names:			
Organ of State:		Position:	

3.13	Do you or any director/ member/ trustee/ principle shareholder/ stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract.	Yes	<input checked="" type="radio"/> No
3.13.1	If yes, furnish particulars. ..... .....		

3.14	Is the supplier or any director/ member/ trustee/ principle shareholder listed on the National Treasury's database as a company or person prohibited from doing business with the public sector?	Yes	<input checked="" type="radio"/> No
3.14.1	If yes, furnish particulars. ..... .....		

3.15	Is the supplier or any director/ member/ trustee/ principle shareholder listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?	Yes	<input checked="" type="radio"/> No
3.15.1	If yes, furnish particulars. N/A		
3.16	Was the supplier or any director/ member/ trustee/ principle shareholder convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?	Yes	<input checked="" type="radio"/> No
3.16.1	If yes, furnish particulars. N/A		
3.17	Does the supplier or any director/ member/ trustee/ principle shareholder owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes	<input checked="" type="radio"/> No
3.17.1	If yes, furnish particulars. N/A  The municipality may not do business with individuals/businesses, including that of all the owners/partners/members/directors, whose municipal rates and taxes and/or service charges are in arrears for more than three (3) months unless arrangements have been made with the municipality to settle such arrears. Refer to SCM Regulation 38(d). (Certified copies of your <i>most current</i> accounts/statements and/or proof of any arrangement to be submitted <b>every three</b> months – provide individual information in the schedule under par. 4.		
3.18	Was any contract between the supplier and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes	<input checked="" type="radio"/> No
3.18.1	If yes, furnish particulars. N/A		

4	<b>MFMA Circular No 62 of July 2013</b> require bidders to submit the names of their directors/ trustees/ shareholders, their individual identity numbers, personal tax reference numbers and employee numbers of those who are in the service of the state as defined in the Municipal Supply Chain Management Regulations as part of their bid submissions. <b><u>A shareholder is defined as a person who owns shares in the company and is actively involved in the management of the company or business, and exercises control over the company.</u></b>					
	Full name of directors / trustees / shareholders	Identity Number	% Share-holding in company	Personal Tax Reference Number	State Employee Number (Persal)	Municipal rates & services account numbers (3.17.1) Municipal clearance or most recent service account must be attached as evidence
1	Pierre Adermann	8209245135081	46.30 %	0431143155	N/A	554213250
2	Vivian Mashilwane	7810650316087	2.70 %	0709440143	N/A	1MPL-00051-01
3	Petroneilla Wood	7104220197084	2.70 %	0040102642	N/A	41146085
4	Lesego Pankies	7809150535083	48.30 %	1514092145	N/A	1707454417
5						
6						
7						
8						
9						
10						

*[Handwritten signature]*

I, the under signed, certify that the information furnished on this declaration form is true and correct. I accept that my/my company's bid/registration may be rejected and in addition to the rejection that action may be taken against me/ my company should this declaration prove to be false.

Signature 

Date 19 May 2021

Director: Business Development  
Capacity of Signatory

OHS Care  
Name of Bidder/Company/CC Name

**MANDATORY SECTION: THIS DECLARATION WILL NOT BE ACCEPTED IF NOT CERTIFIED:**

<sup>1</sup> MSCM Regulations: "in the service of the state" means to be –

(a) a member of –

(i) any municipal council;

(ii) any provincial legislature; or

(iii) the national Assembly or the national Council of provinces;

(b) a member of the board of directors of any municipal entity;

(c) an official of any municipality or municipal entity;

(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) an employee of Parliament or a provincial legislature.

<sup>2</sup> "Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

<b>Commissioner of Oaths</b>	
Signed and sworn to before me at <u>Kempton Park</u>	
on this the <u>17<sup>TH</sup></u> day of <u>MAY</u> 20 <u>21</u> by the	
Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.	
Commissioner of Oaths <u>GM MAAS</u>	
Position: <u>ACCOUNTANT</u>	
Address <u>5 LANTANA ROAD</u>	
<u>ATLASVILLE</u>	
<u>BOKSBURG, 1459</u>	
Tel: <u>083 600 8778</u>	
Apply official stamp of authority on this page:	
<b>COMMISSIONER OF OATHS (RSA)</b> <b>George Michael Maas (AGA) SA</b> SAICA Associate No: 04904211 5 Lantana Road, Atlasville Ext 2, Boksburg, 1459	

This document is compulsory, in terms of Regulation 44 of the Supply Chain Management Regulations, to do business with any municipality – If not endorsed by a Commissioner of Oaths, or failure to submit it, will disqualify your business from the acquisition process. (Must be submitted annually)



## K. DECLARATION FOR PROCUREMENT ABOVE R10 MILLION (ALL APPLICABLE TAXES INCLUDED (MBD 5))

For all procurement expected to exceed R10 (all applicable taxes included), bidders must complete the following questionnaire:

1.	Are you by law required to prepare annual financial statements for auditing?	Yes <input checked="" type="radio"/> No <input type="radio"/>
1.1	<p>If yes, submit audited annual financial statements for the past three years or since the date of establishment if established during the past three years.</p> <p>See Section 4 number 4.12</p>	
2.	Do you have any outstanding undisputed commitments for municipal services towards any municipality for more than three months or any other service provider in respect of which payment is overdue for more than 30 days?	Yes <input type="radio"/> No <input checked="" type="radio"/>
2.1	<p>If no, this serves to certify that the bidder has no undisputed commitments for municipal services towards any municipality for more than three months or other service provider in respect of which payment is overdue for more than 30 days.</p>	
2.2	<p>If yes, provide particulars.</p> <p>N/A</p>	
3	Has any contract been awarded to you by an organ of state during the past five years, including particulars of any material noncompliance or dispute concerning the execution of such contract?	Yes <input type="radio"/> No <input checked="" type="radio"/>
3.1	<p>If yes, furnish particulars</p> <p>N/A</p>	
4	Will any portion of goods or services be sourced from outside the Republic, and, if so, what portion and whether any portion of payment from the municipality / municipal entity is expected to be transferred out of the Republic?	Yes <input type="radio"/> No <input checked="" type="radio"/>

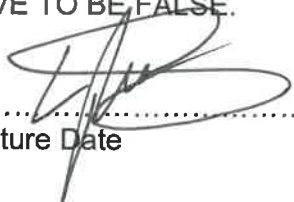


4.1	If yes, furnish particulars
	.....
	N/A
	.....
	.....

### CERTIFICATION

I, THE UNDERSIGNED (NAME) Lebogang Parkies  
 CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS  
 CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION  
 PROVE TO BE FALSE.

 19 May 2021  
 Signature Date

Director: Business Development  
 Position Name of Bidder

## L. PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017 (MBD 6.1)

This document serves as a claim form to qualify for preference points in respect of Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution and must accompany an original certified copy of the applicable certificate.

**NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.**

### 1. GENERAL CONDITIONS

- 1.1 The following preference point system is applicable to all bids:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included)
- 1.2 The value of this bid is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore only the 80/20 preference point system shall be applicable.
- 1.3 Preference points for this bid shall be awarded for:
- (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this bid are allocated as follows:

	POINTS
Price	80
B-BBEE status level of contributor	20
Total points for Price and B-BBEE must not exceed	100

- 1.5 Failure on the part of a bidder to fill in and/or to sign this form and submit a B-BBEE Verification Certificate from a Verification Agency accredited by the South African Accreditation System (SANAS) or a Registered Auditor approved by the Independent Regulatory Board of Auditors (IRBA) or an Accounting Officer as contemplated in the Close Corporation Act (CCA) together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

### 2. DEFINITIONS

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black

Economic Empowerment Act;

- (f) **“Functionality”** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **“prices”** includes all applicable taxes less all unconditional discounts;
- (h) **“proof of B-BBEE status level of contributor”** means:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **“QSE”** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

### 3. POINTS AWARDED FOR PRICE

#### 3.1 THE PREFERENCE POINT SYSTEM

A maximum of 80 points is allocated for price on the following basis: 80/20

$$Ps = 80 \left( 1 - \frac{Pt - P_{\min}}{P_{\min}} \right)$$

Where

Ps = Points scored for price of bid under consideration  
Pt = Price of bid under consideration  
Pmin = Price of lowest acceptable bid

### 4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

- 4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

### 5. BID DECLARATION

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

#### 6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

- 6.1 B-BBEE Status Level of Contributor: 2=18..... (maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.)

## 7. SUB-CONTRACTING

7.1 Will any portion of the contract be sub-contracted?

(Tick applicable box)

YES		NO	<input checked="" type="checkbox"/>
-----	--	----	-------------------------------------

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted ..... *N/A* %  
 ii) The name of the sub-contractor.....  
 iii) The B-BBEE status level of the sub-contractor.....  
 iv) Whether the sub-contractor is an EME or QSE  
 (Tick applicable box)

YES		NO	<input checked="" type="checkbox"/>
-----	--	----	-------------------------------------

v) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

Designated Group: An EME or QSE which is at last 51% owned by:	EME ✓	QSE ✓
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

## 8. DECLARATION WITH REGARD TO COMPANY/FIRM

8.1 Name of company/firm: ..... *OHS care* .....

8.2 VAT registration number: ..... *4620196206* .....

8.3 Company registration number: ..... *2008/234142/23* .....

### 8.4 TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium  
☐ One person business/sole propriety  
☒ Close corporation  
☐ Company  
☐ (Pty) Limited  
 [TICK APPLICABLE BOX]

### 8.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

..... *occupational Health Services* .....  
 .....  
 .....

8.6 COMPANY CLASSIFICATION

- ☐ Manufacturer  
☐ Supplier  
☒ Professional service provider  
☐ Other service providers, e.g. transporter, etc.  
[TICK APPLICABLE BOX]

8.7 MUNICIPAL INFORMATION

Municipality where business is situated: See Section 9  
Registered Account Number: .....  
Stand Number: .....

8.8 Total number of years the company/firm has been in business: .....

8.9 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
  - (a) disqualify the person from the bidding process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) Forward the matter for criminal prosecution.

Signature of Bidders: [Signature]

DATE: 19 May 2021

ADDRESS: 157 Main Road, De-Kelders, Gansbaai, 7220

WITNESSES:

1. [Signature]  
2. [Signature]



## M. CONTRACT FORM – PURCHASE OF GOODS/WORKS OR RENDERING OF SERVICES (MBD 7.2)

### MBD 7.2 - CONTRACT FORM - RENDERING OF SERVICES

THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SERVICE PROVIDER (PART 1) AND THE PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SERVICE PROVIDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.

#### PART 1 (TO BE FILLED IN BY THE SERVICE PROVIDER)

1. I hereby undertake to render services described in the attached bidding documents to (name of the institution)..... OHS Care ..... in accordance with the requirements and task directives / proposals specifications stipulated in Bid Number... T2021/064 ... at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the Purchaser during the validity period indicated and calculated from the closing date of the bid.
2. The following documents shall be deemed to form and be read and construed as part of this agreement:
  - (i) Bidding documents, viz
    - Invitation to bid;
    - Tax clearance certificate;
    - Pricing schedule(s);
    - Filled in task directive/proposal;
    - Preference claims for Broad Based Black Economic Empowerment Status Level of Contribution in terms of the Preferential Procurement Regulations 2011;
    - Declaration of interest;
    - Declaration of Bidder's past SCM practices;
    - Certificate of Independent Bid Determination;
    - Special Conditions of Contract;
  - (ii) General Conditions of Contract; and
  - (iii) Other (specify)
3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and rate(s) quoted cover all the services specified in the bidding documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.
4. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfillment of this contract.
5. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.
6. I confirm that I am duly authorised to sign this contract.

Name	<u>Lebogang Barkies</u>		
Capacity	<u>Director: Business Development</u>		
Signature	<u>[Signature]</u>		
Company name	<u>OHS Care</u>		
Date	<u>19 May 2021</u>		
Witness 1	<u>[Signature]</u>	Date	<u>19 May 2021</u>
Witness 2	<u>[Signature]</u>	Date	<u>19 May 2021</u>

## PART 2 (TO BE FILLED IN BY THE PURCHASER)

1. I..... in my capacity as.....accept your bid under reference number .....dated.....for the rendering of services indicated hereunder and/or further specified in the annexure(s).
2. An official order indicating service delivery instructions is forthcoming.
3. I undertake to make payment for the services rendered in accordance with the terms and conditions of the contract, within 30 (thirty) days after receipt of an invoice.

DESCRIPTION OF SERVICE	PRICE (ALL APPLICABLE TAXES INCLUDED)	COMPLETION DATE	B-BBEE STATUS LEVEL OF CONTRIBUTION	MINIMUM THRESHOLD FOR LOCAL PRODUCTION AND CONTENT (if applicable)

4. I confirm that I am duly authorized to sign this contract.

Signed at .....on.....

Name (Print) .....

Signature .....

Witness 1 ..... Date .....

Witness 2 ..... Date .....

Official Stamp

## PART 2 (TO BE FILLED IN BY THE PURCHASER)

1. I, **Francois van Eck** in my capacity as **Executive Director Technical Services** accept your bid under reference number **T 2021/064** dated **19 May 2021** for the rendering of services indicated hereunder and/or further specified in the annexure(s).
2. An official order indicating service delivery instructions is forthcoming.
3. I undertake to make payment for the services rendered in accordance with the terms and conditions of the contract, within 30 (thirty) days after receipt of an invoice.

DESCRIPTION OF SERVICE	PRICE (ALL APPLICABLE TAXES INCLUDED)	COMPLETION DATE	B-BBEE STATUS LEVEL OF CONTRIBUTION
<b>T 2021/064: MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED ROAD MAINTENANCE, ROAD CONSTRUCTION AND WORKSHOP EMPLOYEES AT THE CAPE WINELANDS DISTRICT MUNICIPALITY FOR THE PERIOD ENDING TO 30 JUNE 2024</b>	See below	30 June 2024	2

4. I confirm that I am duly authorized to sign this contract.

Signed at Stellenbosch on 15/11/2021  
 Name (Print) F. van Eck  
 Signature [Signature]  
 Witness 1 [Signature] Date 15/11/2021  
 Witness 2 [Signature] Date 15/11/2021

CERES	OHS Care		
ROUTINE & AD-HOC CHECK-UPS	Unit price	VAT	Total
01 July 2021 – 30 June 2022	430.00	64.50	494.50
01 July 2022 – 30 June 2023	455.80	68.37	524.17
01 July 2023 – 30 June 2024	483.14	72.47	555.61
FOLLOW-UP MEDICAL CHECK-UPS			
01 July 2021 – 30 June 2022	20.00	3.00	23.00
01 July 2022 – 30 June 2023	21.20	3.18	24.38
01 July 2023 – 30 June 2024	22.40	3.36	25.76



## N. DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES – MBD 8

1. This Municipal Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be rejected if that bidder, or any of its directors have:
  - Abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
  - Been convicted of fraud or corruption during the past five years;
  - Willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
  - Been listed in the Register of Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No12 of 2004)
4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?  (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the audi alteram partem rule was applied).  The Database of Restricted Suppliers now resides on the National Treasury's website ( <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> ) and can be accessed by clicking on its link at the bottom of the home page.		<input checked="" type="radio"/>
4.1.1	If so, furnish particulars:  ..... N/A .....		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?  The Register for Tender Defaulters can be accessed on the National Treasury's website ( <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> ) by clicking on its link at the bottom of the home page.		NO
4.2.1	If so, furnish particulars:  ..... N/A .....		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?		NO
4.3.1	If so, furnish particulars:  ..... N/A .....		



4.4	Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?		NO
4.2.1	If so, furnish particulars: ..... N/A .....		
4.3	Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?		ND
4.3.1	If so, furnish particulars: ..... N/A .....		

#### CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) Lebogang Parkies CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

..... 19 May 2021 .....

.....  
Director: Business Development  
Position

..... OHSCare .....

Name of Bidder

## O. CERTIFICATE OF INDEPENDENT BID DETERMINATION (MBD 9)

1. This Municipal Bidding Document (MBD) must form part of all bids<sup>1</sup> invited.
2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
3. Municipal Supply Regulation 38 (1) prescribes that a supply chain management policy must provide measures for the combating of abuse of the supply chain management system, and must enable the accounting officer, among others, to:
  - a. take all reasonable steps to prevent such abuse;
  - b. reject the bid of any bidder if that bidder or any of its directors has abused the supply chain management system of the municipality or municipal entity or has committed any improper conduct in relation to such system; and
  - c. cancel a contract awarded to a person if the person committed any corrupt or fraudulent act during the bidding process or the execution of the contract.
4. This MBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid rigging.
5. In order to give effect to the above, the attached Certificate of Bid Determination (MBD 9) must be completed and submitted with the bid:

<sup>1</sup> Includes price quotations, advertised competitive bids, limited bids and proposals.

<sup>2</sup> Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

### CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

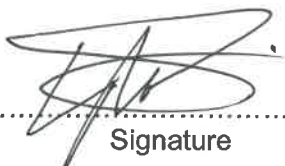
T 2021/064 - MEDICAL CERTIFICATES OF FITNESS FOR AFFECTED  
ROAD MAINTANANCE, ROAD CONSTRUCTION AND WORKSHOPS  
EMPLOYGES AT THE CAPE WINELANDS DISTRICT MUNICIPALITY  
(Bid Number and Description)

in response to the invitation for the bid made by: CAPE WINELANDS DISTRICT MUNICIPALITY  
do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: OHS Care that:  
(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign, the bid, on behalf of the bidder;

5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
  - (a) Has been requested to submit a bid in response to this bid invitation;
  - (b) Could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
  - (c) Provides the same goods and services as the bidder and/or is in the same line of business as the bidder
6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium<sup>3</sup> will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
  - (a) Prices;
  - (b) Geographical area where product or service will be rendered (market allocation)
  - (c) Methods, factors or formulas used to calculate prices;
  - (d) The intention or decision to submit or not to submit, a bid;
  - (e) The submission of a bid which does not meet the specifications and conditions of the bid; or
  - (f) Bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No. 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No. 12 of 2004 or any other applicable legislation.

  
Signature

19 May 2021  
Date

Director: Business Development  
Position

OHS Care  
Name of Bidder

<sup>3</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

## P. MUNICIPAL RATES AND SERVICES

Names of Directors / Partners	Physical residential address of the Directors / Partners	Municipal Account Number	Name of Municipality
Pierre Ackermann	5 Kavee Crescent Modderfontein	554213258	City of Joburg
Vivian Mashilwane	38 Brentwood Cotts Brentwood Park	IMP-00051-51	City of Ekurhuleni
Petronella Wood	20 Pretorius Street Barberton	4146085	City of Mbombela
Lebogang Parkies	4 Cornelis Avenue Glen Marais	1707454417	City of Ekurhuleni

**NB:** Please attach certified copy/copies of the Municipal Account(s)

### DECLARATION:

I, the undersigned (name) Lebogang Parkies  
 Certify that the information furnished above is correct. I accept that the state may act against me should this declaration prove to be false.

  
 Signature

19 May 2021  
 Date

Director: Business Development  
 Position

OHS care  
 Name of Bidder



SEE SECTION 4.2

**Q. AUTHORITY FOR SIGNATORY**

We, the undersigned, hereby authorize Mr/Mrs .....  
acting in his/her capacity as .....  
of the business trading as .....  
to sign all documentation in connection with Tender.....

Name of members / directors	Signature	Date

Note: If bidders attached a copy of their Authorized Signatory it is not necessary to complete this form.







## S. COMPULSORY DOCUMENTATION / CHECKLIST

PLEASE ENSURE THAT THE FOLLOWING FORMS HAVE BEEN DULY COMPLETED AND SIGNED AND THAT ALL DOCUMENTS AS REQUESTED, ARE ATTACHED TO THE TENDER DOCUMENT: (Failure to submit this documentation shall lead to disqualification)

<b>Form G - Form of offer</b> Is the form duly completed and signed?	Yes	✓	No	
<b>Form J – Declaration of Interest (MBD4)</b> Is the personal declaration from each and every owner / member / director duly completed, certified and signed?	Yes	✓	No	
<b>Form K – Certificate of Independent Bid Determination (MBD 9)</b> Is the form duly completed and signed?	Yes	✓	No	
<b>Form L – Preference Points Claim – (MBD 6.1)</b> Is the form duly completed and signed?	Yes	✓	No	
<b>Form M - Contract Form</b> Is the form duly completed and signed?		✓		
<b>Form N – Municipal Rates and services</b> Is a certified copy of the <u>bidder's and those of its director's</u> municipal accounts (for the Municipality where the bidder pays his account) for the month preceding the tender closure date attached?	Yes	✓	No	
<b>Form O – Authority for Signatory</b> Is the form duly completed and is a certified copy of the resolution attached?	Yes	✓	No	
<b>Form P – Declaration of Past Supply Chain Practices (MBD 8)</b> Is the form duly completed and signed?	Yes	✓	No	
<b>Tax Compliance Status</b> Is your unique personal identification number (pin) issued by SARS attached?	Yes	✓	No	

Additional documents applicable to this specific tender:				
<b>Compensation for Occupational Injury and Diseases Act</b> Is the letter of Good Standing attached?	Yes	✓	No	
<b>Company profile</b> Is a company profile attached?	Yes	✓	No	

*Failure to submit the following certificate will not lead to disqualification, but the tenderer will score 0 points for B-BBEE during the evaluation of tender offers.*

<b>B-BBEE Certificate</b> Is a certified copy of the B-BBEE or Original certificate attached?	Yes	✓	No	
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I, Lebogang Parkies confirm that all compulsory documents for this tender is duly completed, signed and attached to this document.

Signature: 

Date: 19 May 2021

## T. REFERENCES

This schedule is to determine the capability of the bidder to execute the contract.

At least three (3) reference letters from companies with whom the service providers are/have conducted business relating to the terms of reference of this tender must be included in the tender document, together with the contact details of the references, alternatively reference letters must be submitted within a timeframe as to be determined by the Cape Winelands District Municipality.

Company Name	Cape Nature
Description of project	Medical Surveillance Programme
Contact person name	Ms Lucina Jan
Contact person telephone number	087 087 3194/3053
Value of project	R386 000 . 00

Company Name	Garden Route
Description of project	Medical Surveillance / Xray / Vaccinations
Contact person name	Nantas Grobbelaar
Contact person telephone number	044 803 1569
Value of project	R1100 000,00

Company Name	Witzenberg Municipality
Description of project	Medical Surveillance
Contact person name	Ongeziwe Msutu
Contact person telephone number	023 3161 854
Value of project	R1020000.00

## 2. Quotation

Date: 19-May-21  
Company: Cape Winelands District Municipality  
Project: Medical Certificates of Fitness  
Ref #: T 2021/064  
Contact Person: Izak van Der Westhuizen  
Contact number: 086 126 5263

1 Medical Examination	Quantity	Unit Price	Amount (Excluding VAT) 01 July 2021 - 30 June 2022	Amount (Excluding VAT) 01 July 2022 - 30 June 2023	Amount (Excluding VAT) 01 July 2023 - 30 June 2024
<b>Ceres</b>					
<b>1.1 Physical Examination</b> The Medical Examination include: - Recording of Occupational and Medical History - Physical Examination Including Blood pressure, Blood sugar and Urine strip test - Lung Function - Audiometry - Complete Physical Examination done by Occupational Health Practitioner					
	35	R 350,00	R 12 250,00	R 12 985,00	R 13 764,10
<b>1.2 Optometry (Titmus vision test)</b> - Optometry					
	35	R 60,00	R 2 100,00	R 2 226,00	R 2 359,56
<b>1.3 Visual Skin Examination</b> All exposed skin (face, neck and hands)					
	35	R 20,00	R 700,00	R 742,00	R 786,52
<b>1.4 Follow Up Medical Check-Ups</b> - Follow-up medical check-ups to be as determined by service provider					
	35	R 20,00	R 700,00	R 742,00	R 786,52
2 Medical Examination	Quantity	Unit Price	Amount (Excluding VAT) 01 July 2021 - 30 June 2022	Amount (Excluding VAT) 01 July 2022 - 30 June 2023	Amount (Excluding VAT) 01 July 2023 - 30 June 2024
<b>Stellenbosch</b>					
<b>2.1 Physical Examination</b> The Medical Examination include: - Recording of Occupational and Medical History - Physical Examination Including Blood pressure, Blood sugar and Urine strip test - Lung Function - Audiometry - Complete Physical Examination done by Occupational Health Practitioner					
	58	R 350,00	R 20 300,00	R 21 518,00	R 22 809,08
<b>2.2 Optometry (Titmus vision test)</b> - Optometry					
	58	R 60,00	R 3 480,00	R 3 688,80	R 3 910,13
<b>2.3 Visual Skin Examination</b> All exposed skin (face, neck and hands)					
	58	R 20,00	R 1 160,00	R 1 229,60	R 1 303,36
<b>2.4 Follow Up Medical Check-Ups</b> - Follow-up medical check-ups to be as determined by service provider					
	58	R 20,00	R 1 160,00	R 1 229,60	R 1 303,36
3 Medical Examination	Quantity	Unit Price	Amount (Excluding VAT) 01 July 2021 - 30 June 2022	Amount (Excluding VAT) 01 July 2022 - 30 June 2023	Amount (Excluding VAT) 01 July 2023 - 30 June 2024
<b>Worcester</b>					
<b>3.1 Physical Examination</b> The Medical Examination include: - Recording of Occupational and Medical History - Physical Examination Including Blood pressure, Blood sugar and Urine strip test - Lung Function - Audiometry - Complete Physical Examination done by Occupational Health Practitioner					
	37	R 350,00	R 12 950,00	R 13 727,00	R 14 550,62
<b>3.2 Optometry (Titmus vision test)</b> - Optometry					
	37	R 60,00	R 2 220,00	R 2 353,20	R 2 494,39
<b>3.3 Visual Skin Examination</b> All exposed skin (face, neck and hands)					
	37	R 20,00	R 740,00	R 784,40	R 831,46
<b>3.4 Follow Up Medical Check-Ups</b> - Follow-up medical check-ups to be as determined by service provider					
	37	R 20,00	R 740,00	R 784,40	R 831,46
4 Medical Examination	Quantity	Unit Price	Amount (Excluding VAT) 01 July 2021 - 30 June 2022	Amount (Excluding VAT) 01 July 2022 - 30 June 2023	Amount (Excluding VAT) 01 July 2023 - 30 June 2024
<b>Robertson</b>					
<b>4.1 Physical Examination</b> The Medical Examination include: - Recording of Occupational and Medical History - Physical Examination Including Blood pressure, Blood sugar and Urine strip test - Lung Function - Audiometry - Complete Physical Examination done by Occupational Health Practitioner					
	28	R 350,00	R 9 800,00	R 10 388,00	R 11 011,28



4.2 **Optometry (Titmus vision test)**  
- Optometry

28	R 60,00	R 1 680,00	R 1 780,80	R 1 887,65
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4.3 **Visual Skin Examination**  
All exposed skin (face, neck and hands)

28	R 20,00	R 560,00	R 593,60	R 629,22
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4.4 **Follow Up Medical Check-Ups**  
-Follow-up medical check-ups to be as determined by service provider

28	R 20,00	R 560,00	R 593,60	R 629,22
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5 Medical Examination	Quantity	Unit Price	Amount (Excluding VAT) 01 July 2021 - 30 June 2022	Amount (Excluding VAT) 01 July 2022 - 30 June 2023	Amount (Excluding VAT) 01 July 2023 - 30 June 2024
<b>Paarl</b>					
5.1 <b>Physical Examination</b> The Medical Examination Include: - Recording of Occupational and Medical History - Physical Examination including Blood pressure, Blood sugar and Urine strip test - Lung Function - Audiometry - Complete Physical Examination done by Occupational Health Practitioner					
	20	R 350,00	R 7 000,00	R 7 420,00	R 7 865,20
5.2 <b>Optometry (Titmus vision test)</b> - Optometry					
	20	R 60,00	R 1 200,00	R 1 272,00	R 1 348,32
5.3 <b>Visual Skin Examination</b> All exposed skin (face, neck and hands)					
	20	R 20,00	R 400,00	R 424,00	R 449,44
5.4 <b>Follow Up Medical Check-Ups</b> -Follow-up medical check-ups to be as determined by service provider					
	20	R 20,00	R 400,00	R 424,00	R 449,44

6 Travelling Fees	Quantity	Unit Price	Amount (Excluding VAT) 01 July 2021 - 30 June 2022	Amount (Excluding VAT) 01 July 2022 - 30 June 2023	Amount (Excluding VAT) 01 July 2023 - 30 June 2024
6.1 <b>Travelling Charges</b>					
Ceres	430	R 3,50	R 1 505,00	R 1 595,30	R 1 691,02
Stellenbosch	322	R 3,50	R 1 127,00	R 1 194,62	R 1 266,30
Worcester	322	R 3,50	R 1 127,00	R 1 194,62	R 1 266,30
Robertson	290	R 3,50	R 1 015,00	R 1 075,90	R 1 140,45
Paarl	370	R 3,50	R 1 295,00	R 1 372,70	R 1 455,06
<b>Cost - R3.50 per km</b>					

Sub Total	R	86 169,00	R	91 339,14	R	96 819,49
VAT	R	12 925,35	R	13 700,87	R	14 522,92
TOTAL	R	99 094,35	R	105 040,01	R	111 342,41
TOTAL AMOUNT FROM 01 JULY 2021 - 30 JUNE 2024				R	315 476,77	

7 The following information will be needed on an official letterhead from your company 2 days prior to the date of appointment

- 7.1 Name & Surname of employee  
7.2 ID and Company Number (if applicable)  
7.3 Job description  
7.4 Date of commencement  
7.5 Fax or email this document to 088 013 712 6952 / admin@ohscare.co.za

8 The following is essential for the unit to work effectively

- 8.1 220 Volt ( Audio Unit )  
8.2 Water  
8.3 Relatively level surface  
8.4 Security should the Mobile overnight on site

9 General

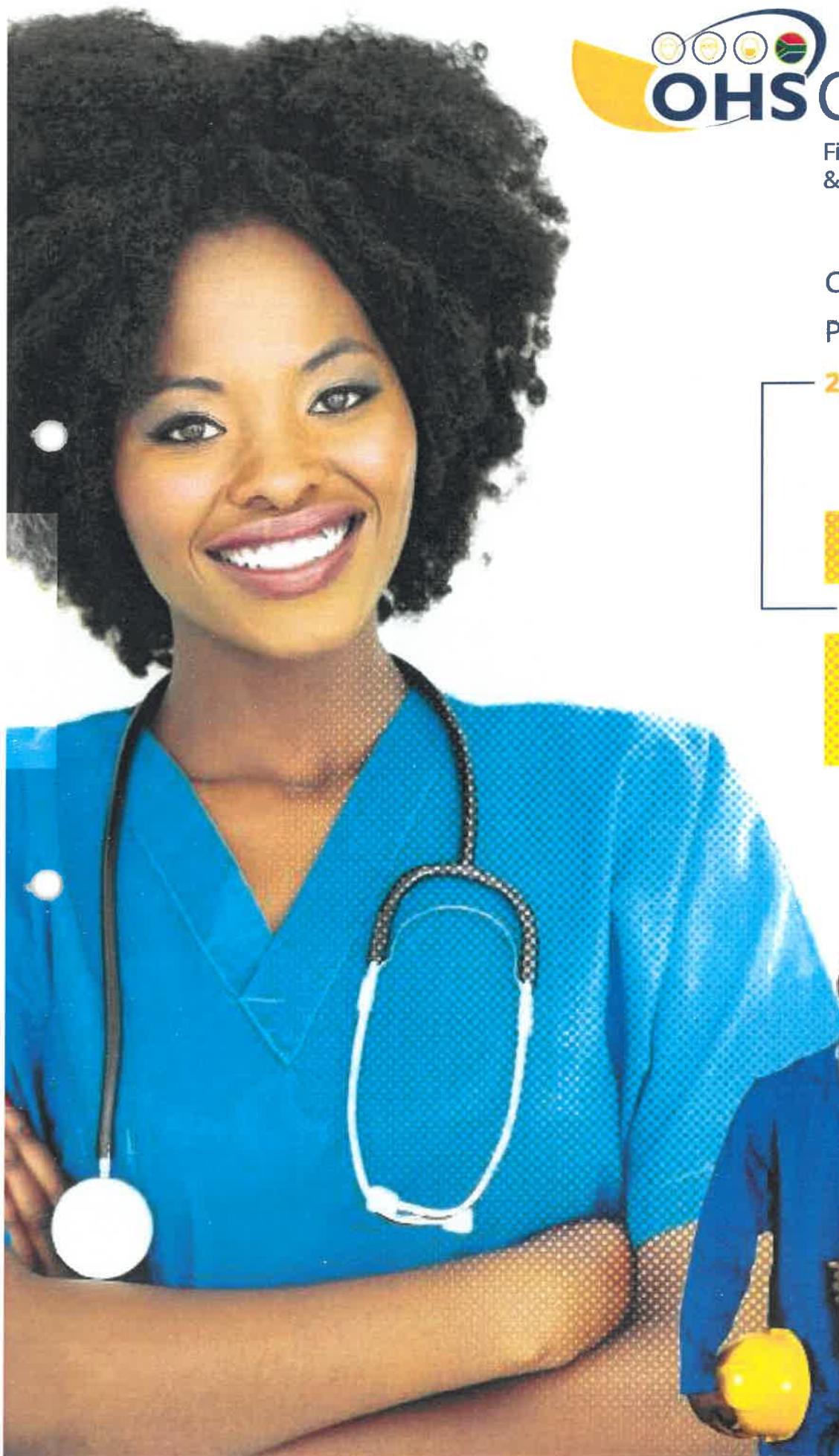
- 9.1 A report with feedback, recommendations and relevant data, as well as the  
9.2 medical records and certificates of fitness will be issued after completion of the medicals.  
9.3 The service is MOBILE and done on site, thus minimum loss of production time.  
9.4 OHSCARE will also e-mail the Employee data and feedback on all medicals done to your appointed Health and Safety coordinator  
9.5 Nation Wide Services Available.

SIGNATURE - ACCEPTANCE OF QUOTE

DATE SIGNED

This quotation is valid for 30 days.  
On acceptance of this quote, please fill in the attached form, sign and fax back to: 013 712 6952  
Please note: Should clients fail to return acceptance form and terms and conditions, the services will not commence.  
Members: N Ackermann (Managing), P Ackermann (Operations), L Parkies (Business Development)  
Members PS Wood, MV Mashilwane

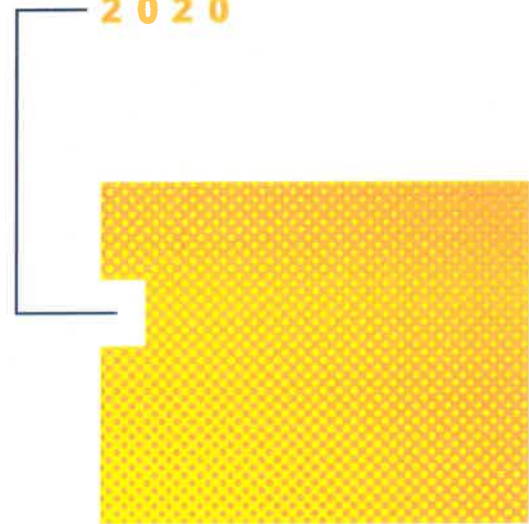
## 3. Company Profile



Fixed Medical  
& Mobile Services

## COMPANY PROFILE

2020





## INTRODUCTION

OHS Care has provided Occupational Health Services to extractives and other industries in Southern Africa since 2001. We pride ourselves on our level of customer service and strive to adapt to meet the specific requirements of each individual client.

**OHS Care provides customized turnkey occupational health solutions** to medium and large employer groups across various industries, thereby ensuring legislative compliance and a healthy productive workforce.

**Our team of occupational health care professionals** has a rich history in the industry and a wealth of knowledge in the specific areas of enterprise health and wellness. Our understanding of the value of integrating these areas is what sets OHS Care apart.

**OHS Care is a 51% Black Woman Owned enterprise and a Level 2 BBBEE** value adding service provider. We are a ISO9001:2015 Quality Management System accredited company.





## **MISSION**

*We are committed to being the leading provider of quality health screening & diagnostic services through the acquisition, analysis and interpretation of occupational health and environmental data, utilizing our state-of-the-art medical surveillance equipment.*

*Our engaging, experienced, and well-qualified teams are committed to delivering high quality service, and consistent professional operation of these medical surveillance equipment. We will maximize our value to our clients through continuous improvement, research and development.*

## **VISION**

*Our vision is to provide a dynamic and effective Occupational Health Surveillance service to clients throughout South Africa and neighbouring countries, including Lesotho, Mozambique, Namibia, Eswatini and Zimbabwe.*





## OUR PURPOSE

**To assist** employers in saving time and costs through the provision of on-site mobile, job-specific and risk-driven medical surveillance (minimising man hour loss, maximising productivity).

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**To assist** and enable employers to comply with Occupational Health Legislation.

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**To assist** employers achieve maximum production levels by supporting workforce health.





## OUR PEOPLE

*We recruit our staff with the greatest care and now boast an exceptional team of highly qualified, well-experienced and caring people.*

# OCCUPATIONAL HEALTH SERVICES

Our OHS Care branches located in Johannesburg, Barberton, Nelspruit, Bloemfontein, Lichtenburg and Cape Town provide services to a broad spectrum of clients.

## OUR BRANCH CLINICS

offer initial, periodical and exit medicals conducted on a smaller scale.

## OUR MOBILE ON-SITE

Occupational Health Services cater for larger numbers and include the Full Medical Examination (initial, periodical or exit and the Height Medical Examination). Our mobile fleet includes five occupational health units and four x-ray units. With the co-operation of our clients these units have the capacity to conduct between 50-60 full medicals on site per day. We also offer a selection of tests and administrative services.



## ON-SITE CLINIC MANAGEMENT

- Occupational Health Services
- Standardised Clinic Governance
- Primary Health Care
- Quality Management System



## THE FULL MEDICAL EXAMINATION (initial, periodical or exit):

Medical evaluations are performed on the workforce to evaluate their general health status and to ensure that this aligns with the requirements of their particular occupation. Likewise, medical examinations also ensure that workers are not adversely impacted by occupational exposures. All OHS Care medical examinations are fit for purpose and tailored to exact specifications, according to individual risk profiles. In addition to the standard medical examination, we also perform specific evaluations for pre-determined high-risk tasks and occupations. These include, but are not limited to:

- Working at height evaluation
- Driver/operator evaluations
- Confined space entry evaluations
- Thermal stress evaluations
- Food worker evaluations
- Pre-deployment evaluations

## ADDITIONAL SERVICES:

We also offer the following, either as separate services or add-ons to a full medical surveillance service:

- Biological monitoring
- Workplace substance screening
- HIV counselling and testing (HCT) services
- Vaccine Preventable Disease (VPD) implementation, including Influenza campaigns
- Return to work evaluations
- Medical incapacity management
- Supporting analysis of workforce health statistics to aid in reporting requirements
- Site specific occupational health risk assessments (on request)
- Site specific hygiene risk assessments (on request)
- Site specific safety risk assessments (on request)

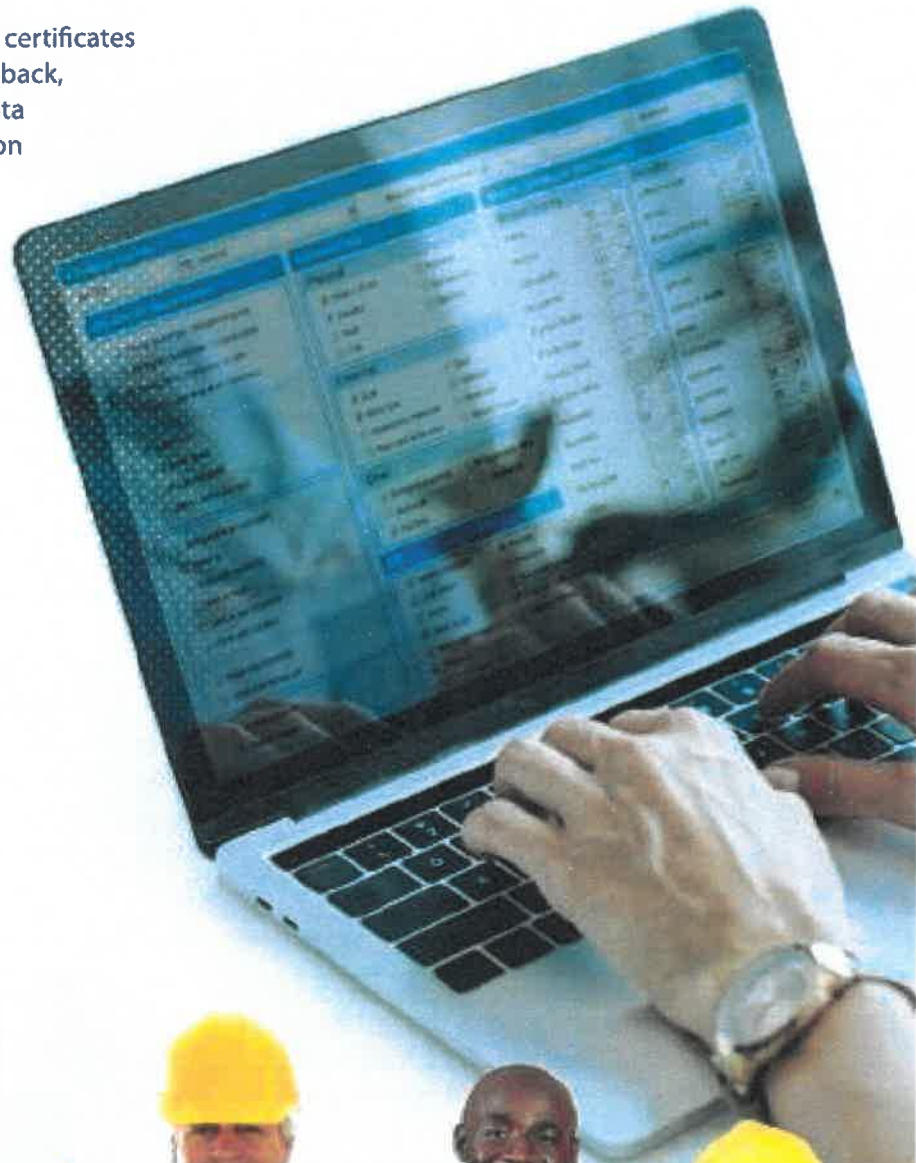


# OCCUPATIONAL HEALTH SERVICES Cont...

## ADMINISTRATION AND DOCUMENTATION:

- In addition to medical reports and certificates of fitness, a report containing feedback, recommendations and relevant data (statistics) is issued after completion of all medicals
- Medical fitness identification cards can be provided to enable visual identification of employees with restrictions on site
- An electronic database is set up in conjunction with the clients' HR and Safety departments.

All relevant data recorded by OHS Care is e-mailed to clients enabling them to keep a current database of their Occupational Health issues.



# CLINIC MANAGEMENT

## STANDARDISATION OF CLINIC GOVERNANCE

Clinical governance refers to a structured framework through which quality health care is accountable for continually improving the quality of services and safeguarding high patient care standards

At OHS Care, standardising duty of care across all mobile and on-site clinics is of utmost importance in the implementation of effective governance and ensures the provision of a sustainable and high-quality service to all our clients. As part of our commitment to quality service, we ensure that these same principles are applied in all phases of any new project, including:

- The initial risk assessment phase;
- The development of medical surveillance system;
- The development of SOPs and Health Management Plans (HMPs) that guide implementation of OH, PHC, Travel Health and Emergency Response Planning; and
- Longitudinal monitoring of clinic performance and outcomes based on pre-determined KPIs.

This process is managed by the OHS Care Core Management Team with input from relevant specialists, where required. For each client, the framework is developed in alignment with national legislation (to ensure regulatory compliance) and benchmarked against industry best practice (to ensure Project standards are on par with international peer-reviewed systems).

As required and based on client requirements, a full suite of operational OH plans, SOPs and HMPs can be developed and implemented to ensure that health care management is standardised across all clinics.

## PRIMARY HEALTH CARE MANAGEMENT

Although not traditionally part of on-site occupational health clinics, basic primary health care (PHC) services can be rendered by OHS Care on request.

All PHC consultations, diagnosis, treatment and outcomes are captured, managed electronically and reported in alignment with existing ICD-10 and NAPPI coding systems.

The final selection of an electronic PHC management system is determined by the anticipated number of end-users, integrative potential with OMP-Assist and functionality required by the client with regards to anticipated outputs of PHC management.

Where applicable, the PHC and OH systems can be integrated to bilaterally provide data that may influence fitness status (e.g. chronic medical conditions) or where incidental medical surveillance findings may trigger further medical management and referral.



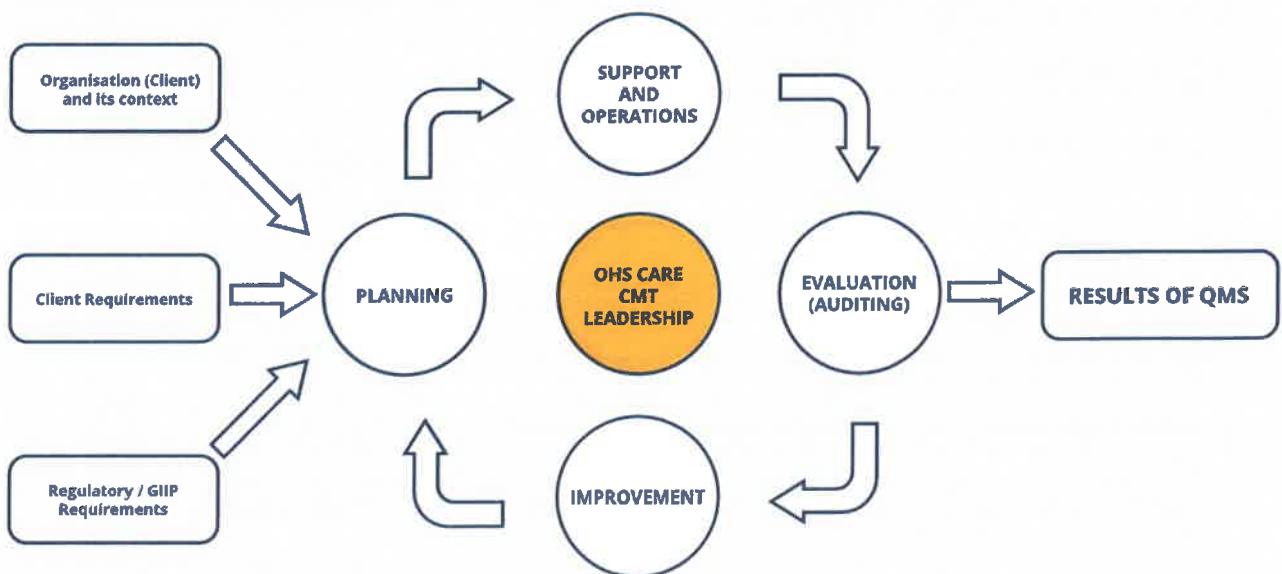


## CLINIC MANAGEMENT Cont...

### OHS CARE QUALITY MANAGEMENT SYSTEM

OHS Care's Quality Management System is based on a standardised ISO9001 PDCA cycle and utilises an internal auditing system.

### OHS CARE QUALITY MANAGEMENT SYSTEM



# DATA MANAGEMENT

## OMP ASSIST

OMP-Assist is a cloud-based Occupational Health Management solution, designed by occupational medical practitioners active in the field. It is accessible from anywhere, anytime. OMP-Assist is secure, password protected and there are defined roles and responsibilities for each user, ensuring correct access while maintaining medical confidentiality, and adhering to legislation regarding access to personal information. The OMP-Assist solution is customised for your employee occupational health needs. We provide easy management of medical surveillance of your employees, including easy access to the certificate of fitness of an employee and notifications of medicals that are due or require further management.



## THE BASICS

WE CAPTURE YOUR DATA ON OMP-ASSIST FOR YOU
<b>Employee information</b> This includes name, surname, ID number, etc. It also includes job title, company number, start date with the company, department, site, etc.
<b>Fitness information</b> This includes the date of the last medical, the fitness status, restrictions and conditions, next medical date, etc.
<b>Medical information*</b> This includes data from audiograms, lung functions, vaccinations, x-rays, chronic conditions, biological monitoring etc.
WE GIVE DEDICATED PERSONNEL ACCESS TO OMP-ASSIST
OMP-Assist is a secure cloud-based occupational health management solution, accessible from anywhere, anytime. Stringent measures are in place to ensure medical confidentiality and adhering to access to personal information legislation.
OMP-Assist is password protected with defined roles and responsibilities for each user, ensuring that dedicated personnel have the correct access to information available.
WE HELP YOU MANAGE OCCUPATIONAL HEALTH ON OMP-ASSIST
Easily accessible information via our Client Management Console includes fitness status information, the type of medicals performed, the year-to-date compliance with medical surveillance. OMP-Assist is fully searchable by surname, ID, department or site.
Reports, including employee lists, fitness status reports, next medical examination reports, compliance reports. All reports can be filtered by department, site, fitness status and next medical status.
Access to copies of certificates of fitness.
Access to health information on a variety of topics and access to first aid information on a variety of topics.

# DATA MANAGEMENT Cont...

## OMP ASSIST ADDITIONAL SERVICES

OMP-ASSIST: THE ADDITIONAL SERVICES
<p><b>Injured on duty data</b> We can assist with all your injury on duty data, to provide a full record of all applicable documentation, role players, submission dates, feedback etc, as well as management reports to assist in identifying and addressing problem areas.</p>
<p><b>Audit Function</b> The audit function of your occupational health service provider ensures the quality of the medical surveillance (specifically if more than one service provider is used). We also attach copies of all equipment calibration certificates, and service provider qualifications are on OMP-Assist for easy access.</p>
<p><b>Medical Surveillance Matrixes</b> We can compile medical surveillance matrixes per job title, based on the job requirements, exposure, PPE use and legal requirements. This can then be provided to service providers to ensure that the correct medical surveillance is performed.</p>
<p><b>Occupational Health consulting services</b> Occupational Health consulting services, where we can provide desktop advice on occupational health and medicine topics, as well as to bring you in contact with role-players in the industry.</p>
<p><b>Advanced management reports</b> Includes statistical reports on chronic conditions, HIV counselling and testing as well as data for annual reports.</p>

## OMP ASSIST REPORTING

OMP-ASSIST: THE REPORTS
<p><b>Fitness status of each employee</b> Easy reporting to see which employees are fit, or temporarily unfit.</p>
<p><b>Next medical report</b> Ensures all employee medicals are current (next medical reports, expiring in 60 days, already expired, etc.)</p>
<p><b>Monthly compliance reports</b> Indicating the year to date percentage of employees who completed medical surveillance, outstanding, overdue, etc.</p>
<p><b>Specialised reports, including</b></p> <ul style="list-style-type: none"> <li>- Vaccination reports e.g. next dosages, completeness, etc.</li> <li>- Hearing conservation reports, with shifts, action plans, etc.</li> <li>- Respiratory conservation reports with deteriorations, management, etc.</li> </ul>
<p><b>Advanced management reports</b> Includes statistical reports on chronic conditions, HIV counselling and testing as well as data for annual reports.</p>

## OMP ASSIST SYSTEM / CLIENT CONSOLE



Screenshot of the Client Management Console



# SUBSTANCE-FREE WORKPLACE PROGRAMME

## WHAT IS A SUBSTANCE-FREE WORKPLACE PROGRAMME?

A substance-free workplace programme is a policy that businesses can establish to prevent substance misuse among its employees. The components of a substance-free workplace can vary, but successful programmes often have these five elements:

- Written policy
- Employee education initiative
- Supervisor/management training
- Employee Assistance Programme (EAP)
- Drug tests

## WHAT ARE THE BENEFITS OF ZERO-TOLERANCE SUBSTANCE MISUSE?

The most obvious benefit is reduced substance misuse among employees. Employers with long-standing substance-free policies report the reduced use of medical benefits by employees and their families, and better health among employees. Not only can you save a percentage on workers' comp, but the premium is very likely to decrease with a substance-free policy.

- Reduced substance misuse
- Reduced use of medical benefits
- Better employee health

## IS SUBSTANCE MISUSE REALLY A PROBLEM IN THE WORKPLACE?

Yes – and the statistics speak volumes. Several studies have found that, in the workplace, substance misusers are more likely to:

- Be less productive
- Be late or absent
- File a workers' comp claim
- Change jobs frequently
- Reduce co-workers' morale
- Be involved in an accident

Substance misusers involved in accidents also commonly injure others, especially in safety-sensitive industries like transportation and construction.

## HOW CAN I SET UP A SUBSTANCE-FREE POLICY?

To implement a successful substance-free workplace programme, it is recommended that a company includes each of the five elements: a policy, education, training, an employee assistance programme and drug tests. Creating awareness of the programme through employee handbooks, newsletters, induction and orientation, health education and bulletins, among other means, can be integral to a programme's success.



# SUBSTANCE-FREE WORKPLACE PROGRAMME Cont...

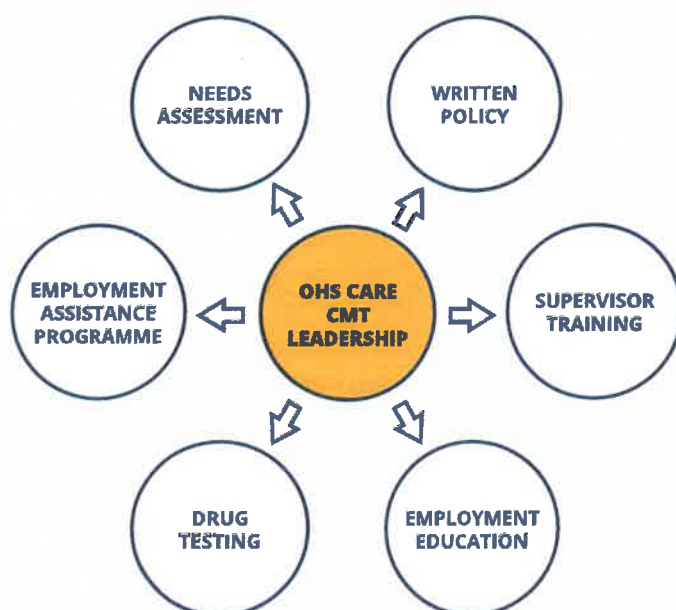


## HOW CAN OHS CARE HELP SET UP A SUBSTANCE-FREE WORKPLACE?

OHS Care can work with your company to perform a needs assessment and set up a substance-free policy. We also handle all the drug testing needs that your programme will require through a mobile drug testing unit.

OHS Care is capable of administering certified urine drug tests that detect anywhere from 4-6 commonly-abused substances. All results are then available to view online through our client portal. Furthermore, after a positive result another sample will be collected to be analysed by an accredited laboratory which verifies the validity of positive results before reporting an accurate final result.

We can also provide materials for educating employees and training supervisors on the nature and scope of your substance-free workplace programme.



## A SUBSTANCE-FREE POLICY MAY INCLUDE THESE TESTING METHODS

There are six main occasions upon which an employer might give a drug test. These are:

- **Pre-employment:** This reduces the chances of hiring a substance misuser and enforces the drug-free policy.
- **Annual:** This type of test is a good yearly reminder of your strict substance-free policy.
- **At random:** Random drug tests send the message that substance misuse is not only discouraged, but never permitted.
- **Reasonable suspicion:** If an employee has a history of unsafe behaviour or does not appear fit for duty, this type of test can be an effective tool for identifying the issue.
- **Post-accident:** This is a test given in response to an accident or incident involving unsafe behaviour.
- **Return-to-duty:** This is a test given after an employee has completed a treatment programme for substance misuse.

## WHAT ACTIONS MAY BE TAKEN IN THE EVENT OF A FAILED DRUG TEST?

Depending on the work environment and individual circumstances, actions to take may include:

- Referral to an Employee Assistance Programme for assistance concerning substance misuse.
- Referral to more extensive treatment options.
- Disciplinary action: Suspension, dismissal or firing. These are more extreme consequences.

# VACCINE PREVENTABLE DISEASES PROGRAMMES

Vaccinations are required to safeguard specific personnel who are expected to perform certain high-risk activities, potentially exposing them to pathogens while performing these activities. Clinical disease following exposure to most of these pathogens can be mitigated by timely administration of the relevant vaccines.

All vaccinations are done so on a strictly voluntary basis and it is mandatory that all employees sign a consent form prior to being vaccinated. Depending on the risk associated with specific job categories, certain personnel may not be allowed to perform certain tasks or be allowed to work in certain occupations, should they refuse vaccination.



## ON-SITE FLU SERVICES

On-site flu vaccine services are available for companies in Gauteng, Western Cape, Free State, Mpumalanga and North West provinces. Our nurses arrive with all supplies and equipment needed to administer the vaccine to your employees safely and effectively.

## WHAT IS AN ON-SITE FLU VACCINATION CLINIC?

Flu vaccines are a crucial and important way to lower employee absenteeism and maintain a healthy workforce. During an on-site flu vaccine clinic, OHS Care sends a medical team to your company premises to administer flu vaccines to employees, temporary workers and anyone else eligible in your organization.

## WHAT DO I NEED TO HOST AN OHS CARE ON-SITE FLU CLINIC?

Our medical staff will arrive at the on-site flu vaccine clinic with all the supplies and equipment, but here are a few things we need:

- A main point of contact
- A clean, private space (boardrooms work best)
- A table with at least 2 chairs
- A list of employees with appointments

## WILL OHS CARE HELP PROMOTE THE VACCINATION PROGRAMME?

Yes! Participation is key to a successful event. Active promotion and reminders can help boost participation rates enormously.

To help, OHS Care can provide your company with:

- Email templates
- Poster designs
- Online appointment registration
- Best-practice tips



## CONTACT US

### Head Office

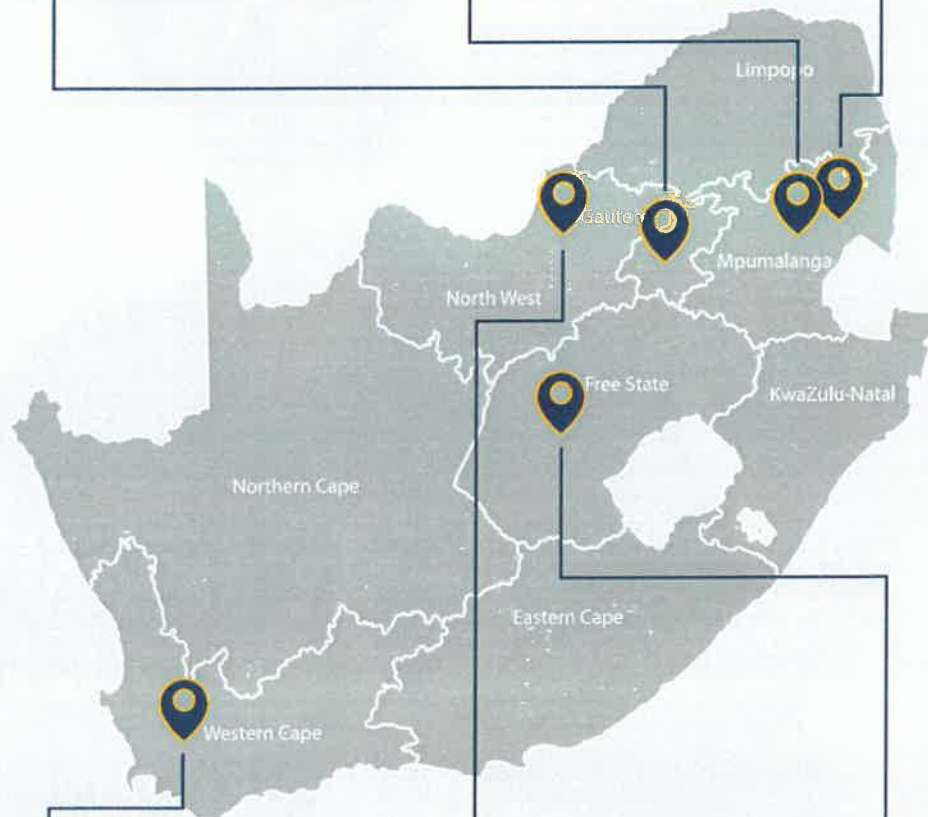
**Address** 76 Steel Road,  
Spartan, Kempton Park  
**Email** admin@ohscare.co.za  
**Tel** 011 394 0369

### Barberton Branch

**Address** 1 Pilgrim Rd,  
Barberton, 1300  
**Email** daleen@ohscare.co.za  
**Tel** 013 712 6952

### Nelspruit Branch

**Address** Jolin House,  
Corner Marloth St and  
van der Merwe St, Nelspruit  
**Email** nelspruit.clinic@ohscare.co.za  
**Tel** 087 077 0389



### Western Cape Branch

**Contact** Noleen Ackermann  
**Email** noleen@ohscare.co.za  
**Tel** 083 631 6188

### North West Branch

**Address** 26 Buchanan Str., Lichtenburg  
**Email** lichtenburg@ohscare.co.za  
**Tel** 081 843 5458

### Free State Branch

**Contact** Augusta Saunders  
**Email** central@ohscare.co.za  
**Tel** 066 371 1828



Fixed Medical  
& Mobile Services



## 4. Legal Documents

4.1. Tax Clearance Certificate

4.2. Resolution Letter – Appointing Representative

4.3. CK Documents

4.4. CSD Summary Registration

4.5. Confirmation of Members by Accounting  
Officer

4.6. Members Certified ID's

4.7. Certified BBBEE Sworn Affidavit

4.8. Letter of Good Standing – Workman's  
Compensation

4.9. Department of Labour – Employment Equity  
Report

4.9.1. Workforce Profile

4.9.2. Staffing Profile

4.10. ABSA Bank Detail Confirmation Letter

4.11. Insurance Cover Letter – Liability Cover

4.12. 2019/2020 Audited Financials

## 4.1 Tax Clearance Certificate

**TAX COMPLIANCE STATUS****PIN Issued**

OHSCARE CC  
76 STEEL ROAD  
SPARTAN  
KEMPTON PARK  
1619

Enquiries should be addressed to SARS:

**Contact Detail**

SARS  
Alberton  
1528

Contact Centre Tel: 0800 00 SARS (7277)  
SARS online: [www.sars.gov.za](http://www.sars.gov.za)

**Details**

Taxpayer Reference Number: 9090313140

Always quote this reference  
number when contacting SARS

Issue Date: 2021/02/08

Dear Taxpayer

**TAX COMPLIANCE STATUS PIN ISSUED**

The South African Revenue Service (SARS) has issued your tax compliance status (TCS) PIN as indicated below:

TCS Details:	
Taxpayer Name	Ohscare Cc
Trading Name	OHSCARE CC
Tax Reference Number(s)	IT - 9090313140 Vat - 4620196206 PAYE - 7250739978
Purpose of Request	Tender
Request Reference Number	0002682632TS0802211053224
PIN	D495622226
PIN Expiry Date	08/02/2022

You may authorise a third party to view your TCS by providing them the PIN. The PIN only allows the third party access to your TCS. All other tax information remains secure.

Your TCS displayed is based on your compliance as at the date and time the PIN is used.

You may cancel this PIN at any time before the expiry date reflected above. Once cancelled, a third party will not be able to verify your TCS.

SARS reserves the right to cancel this PIN in the event that it was fraudulently issued or obtained.

Should you have any other queries please call the SARS Contact Centre on 0800 00 SARS (7277). Remember to have your taxpayer reference number at hand when you call to enable us to assist you promptly.

Sincerely

**ISSUED ON BEHALF OF THE SOUTH AFRICAN REVENUE SERVICE**



## 4.2 Resolution Letter- Appointing Representative

**RESOLUTION BY THE MEMBERS OF OHSCARE CC ("OHS Care") PASSED ON  
THE 3<sup>rd</sup> DAY OF NOVEMBER 2020 AT KEMPTON PARK**

---

**IT IS RESOLVED THAT:**

1. OHS Care has mandated Lebogang Parkies with ID number 750317 5296 082 and he is duly authorized to sign all documents in connection with various contracts for the purposes of business development for OHS Care.
2. Lebogang Parkies is duly authorised to sign all necessary documentation and a special power of attorney to give effect hereto.

Resolved by the Members on the 3<sup>rd</sup> of NOVEMBER 2020

Certified a true extract

  
**PIERRE ACKERMANN**

  
**LESEGO QUEEN EVELYN PARKIES**

  
**PETRONELLA SOPHIA WOOD**

  
**MAKAPANE VIVIAN MASHILWANE**

COMMISSIONER OF OATHS (RSA)  
George Michael Maas (AGA) SA  
SAICA Associate No: 04904211  
5 Lantana Road, Atlasville Ext 2,  
Boksburg, 1459

  
17/11/2020  
**CERTIFIED TRUE  
COPY OF ORIGINAL  
DOCUMENT**

COMMISSIONER OF OATHS (RSA)  
George Michael Maas (AGA) SA  
SAICA Associate No: 04904211  
5 Lantana Road, Atlasville Ext 2,  
Boksburg, 1459

*shes*  
*17/5/2021*  
**CERTIFIED TRUE  
COPY OF ORIGINAL  
DOCUMENT**

 **REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD**

Surname: **PARKIES**  
Names: **LEBOGANG**  
Sex: **M**  
Nationality: **RSA**  
Identity Number: **7503178280082**  
Date of Birth: **17 MAR 1975**  
Country of Birth: **RSA**  
Status: **CITIZEN**

  
Signature: *[Signature]*

Conditions: **RSA** Date of Issue: **10 AUG 2018**

This card has been issued by the  
Department of Home Affairs in terms of the  
Identification Act, Act 68 of 1997  
If found please return to the Department of Home Affairs  
For enquiry or verification purposes contact 0800 80 11 50

**102676983**


## 4.3 CK Documents



Date: 14/02/2019

Our Reference: 9160255314

GEORGE MICHAEL MAAS  
E-mailed to: GEORGE@PROCENTRICA.CO.ZA  
ATLASVILLE  
BOKSBURG  
1465

**RE: Application to Amend Close Corporation**  
**Close Corporation Number: 2008/234142/23**  
**Close Corporation Name: OHSCARE**

We have received a CK2 (Amended founding statement) from you dated 24/01/2019.  
The Close Corporation 'OHSCARE' with Enterprise Number '2008/234142/23' was successfully amended on our database.

**Change Summary for 2008/234142/23 as a result of the lodging of document number 9160255314.**

Member Change on 14/02/2019.  
Member PIERRE ACKERMANN details was Changed  
Member Change on 14/02/2019.  
Member MAKAPANE VIVIAN MASHILWANE details was Changed  
Member Change on 14/02/2019.  
Member PETRONELLA SOPHIA WOOD details was Changed  
Member Change on 14/02/2019.  
Member LESEGO QUEEN EVELYN PARKIES details was Changed

Yours truly

**Commissioner**

**Please Note:**

The attached certificate can be validated on the CIPC website at [www.cipc.co.za](http://www.cipc.co.za).  
The contents of the attached certificate was electronically transmitted to the South African Revenue Services.



COMPANIES AND INTELLECTUAL PROPERTY REGISTRATION OFFICE

Registrar of Companies & Close Corporations

P.O. BOX 429, PRETORIA, 0001, Republic of South Africa. Docex 256, PRETORIA.

Call Centre Tel 086 100 2472, Website [www.cipro.co.za](http://www.cipro.co.za), WAP [www.cipro.co.za/mobile](http://www.cipro.co.za/mobile)





**Certificate issued by the Registrar of Companies & Close Corporations on Thursday, February 14, 2019 08:37**  
**Certificate of Amended Founding Statement**



Companies and Intellectual  
Property Commission  
a member of the SAG

Registration Number 2008 / 234142 / 23

Enterprise Name OHSCARE

Enterprise Shortened Name None provided.

Enterprise Translated Name None provided.

Registration Date 06/11/2008

Business Start Date 06/11/2008

Enterprise Type Close Corporation

Enterprise Status In Business

Financial Year End February

Tax Number 9090313140

Number of Members 4

Aggregate Members' Contribution R 100.00

Description of Principal Business MEDICAL SERVICES - OCCUPATIONAL HEALTH AND SAFETY CARE

Postal Address PO BOX 15770  
IMPALA PARK  
BOKSBURG  
GAUTENG  
1472

Address of Registered Office 76 STEEL ROAD  
SPARTAN  
KEMPTON PARK  
GAUTENG  
1619

**Accounting Officer**

Name GEORGE MICHAEL MAAS

Postal Address P O BOX 17044  
ATLASVILLE  
1455

Profession The South African Institute of Chartered Accountants (SAICA)

Membership/Practice No 04904211

**Active Members**

Surname and first names	ID number or date of birth	Contrib. (R)	Interest (%)	Appoint-ment date	Addresses
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COMPANIES AND INTELLECTUAL PROPERTY REGISTRATION OFFICE

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**Certificate issued by the Registrar of Companies & Close Corporations on Thursday, February 14, 2019 08:37**  
**Certificate of Amended Founding Statement**



Companies and Intellectual  
Property Commission  
Kingsway 100, 10th Floor  
Pretoria 0001

Registration number **2008 / 234142 / 23**

Enterprise Name **OHSCARE**

**Active Members**

Surname and first names	ID number or date of birth	Contrib. (R)	Interest (%)	Appoint-ment date	Addresses
PARKIES, LESEGO QUEEN EVELYN	7809150535083	48.30	48.30	30/09/2014	Postal: 4 CORNELIUS AVENUE, GLEN MARAIS, KEMPTON PARK, GAUTENG, 1619 Residential: 4 CORNELIUS AVENUE, GLEN MARAIS, KEMPTON PARK, GAUTENG, 1619
WOOD, PETRONELLA SOPHIA	7104220197084	2.70	2.70	06/11/2008	Postal: 20 PRETORIUS ST, BARBERTON EAST, BARBERTON, MPUMALANGA, 1300 Residential: 20 PRETORIUS ST, BARBERTON EAST, BARBERTON, MPUMALANGA, 1300
MASHILWANE, MAKAPANE VIVIAN	7810050316087	2.70	2.70	06/11/2008	Postal: PO BOX 16048, ATLASVILLE, BOKSBURG, GAUTENG, 1465 Residential: UNIT 51 IMPALA LAKE FLATS, 49 NORTH ROB ROAD, IMPALA PARK, GAUTENG, 1452
ACKERMANN, PIERRE	8209245135081	46.30	46.30	06/11/2008	Postal: 5 KAREE CRESCENT, THORNHILL ESTATE, MODDERFONTEIN, GAUTENG, 1685 Residential: 5 KAREE CRESCENT, THORNHILL ESTATE, MODDERFONTEIN, GAUTENG, 1685



COMPANIES AND INTELLECTUAL PROPERTY REGISTRATION OFFICE

Registrar of Companies & Close Corporations

P.O. BOX 429, PRETORIA, 0001, Republic of South Africa. Docex 256, PRETORIA.

Call Centre Tel 086 100 2472, Website [www.cipro.co.za](http://www.cipro.co.za), WAP [www.cipro.co.za/mobile](http://www.cipro.co.za/mobile)



## 4.4 CSD Summary Registration



## CSD REGISTRATION REPORT

### SUPPLIER IDENTIFICATION

Supplier number	MAAA0052755	South African company/CC registration number	2008/234142/23
Is supplier active?	Yes	Have Bank Account	Yes
Allow associates?	Yes	Total annual turnover	More than R10 million and less than R50 million
Supplier type	CIPC Company	Financial year start date	28 Feb 2020 00:00:00:000
Supplier sub-type	Close Corporation	Registration date	06 Nov 2008 00:00:00:000
Legal name	OHSCARE	Created by	lebo@ohscare.co.za
Trading name	OHS CARE	Created date	14 Mar 2016 11:10:39:000
Identification type	South African Company/Close Corporation Registration Number	Edit by	lebo@ohscare.co.za
Government breakdown	Close Corporations (CC)	Edit date	08 Feb 2021 15:57:24:163
Business status	In Business	Restricted Supplier	No
Country of origin	South Africa		

### SUPPLIER INDUSTRY CLASSIFICATION INFORMATION

<b>INDUSTRY CLASSIFICATION 1</b>			
Main group	Human health and social work activities	Core industry	Human health and social work activities
Division	Human health and social work activities	% share of annual turnover	100.00

### SUPPLIER CONTACT INFORMATION

<b>CONTACT 1</b>			
Contact type	Bid Office,Sales	Fax number	0865730688
Is this your preferred Contact?	Yes	Toll free number	0861647227
Name(s)	Lebogang	Website address	www.ohscare.co.za





## CSD REGISTRATION REPORT

Surname	Parkies	Do you want this contact to also be a CSD user ?	Yes
Identification type	South African Identification Number	Created by	lebo@ohscare.co.za
Prefer communication via email	Yes	Created date	14 Mar 2016 10:29:04:000
Email address	lebo@ohscare.co.za	Edit by	lebo@ohscare.co.za
Telephone number	0113940369	Edit date	25 Jun 2018 10:45:17:277
Cellphone number	082 553 2416		

### SUPPLIER ADDRESS INFORMATION

<b>ADDRESS 1</b>			
Is this a preferred address?	Yes	Postal code	1619
Address line 1	76 Steel Road	Ward Number	17
Address line 2	Spartan	Country	South Africa
Suburb	Spartan	This address S/A delivery	Yes
Province	Gauteng	This address S/A payment	Yes
Municipality	Ekurhuleni	Created by	lebo@ohscare.co.za
City	Kempton Park	Created date	14 Mar 2016 11:10:46:883
		Edit by	lebo@ohscare.co.za
		Edit date	25 Jun 2018 11:08:33:273

<b>ADDRESS 2</b>			
Is this a preferred address?	No	Postal code	1300
Address line 1	1 Pilgrim Street	Ward Number	9
Address line 2	Barberton	Country	South Africa
Suburb	Barberton Ext 1	Created by	lebo@ohscare.co.za
Province	Mpumalanga	Created date	14 Mar 2016 11:10:47:120
Municipality	Umgindi	Edit by	lebo@ohscare.co.za
City	Barberton	Edit date	25 Jun 2018 11:08:33:287







## CSD REGISTRATION REPORT

### ADDRESS 3

Is this a preferred address?	No	Postal code	1210
Address line 1	Jolin House, Cnr Marloth and Van Der Merwe St	Ward Number	16
Address line 2	Nelspruit	Country	South Africa
Suburb	Mbombela Central	Created by	lebo@ohscare.co.za
Province	Mpumalanga	Created date	25 Jun 2018 10:45:17:263
Municipality	Mbombela	Edit by	lebo@ohscare.co.za
City	Mbombela	Edit date	16 Sep 2019 11:39:26:363

### ADDRESS 4

Is this a preferred address?	No	Postal code	1472
Address line 1	P O BOX 15770	Ward Number	23
Address line 2	IMPALA PARK, BOKSBURG	Country	South Africa
Suburb	Impala Park	Created by	lebo@ohscare.co.za
Province	Gauteng	Created date	25 Jun 2018 10:45:17:263
Municipality	Ekurhuleni	Edit by	lebo@ohscare.co.za
City	Boksburg	Edit date	25 Jun 2018 10:45:17:263

### ADDRESS 5

Is this a preferred address?	No	Postal code	7220
Address line 1	157 MAIN ROAD	Ward Number	11
Address line 2	DE KELDERS	Country	South Africa
Suburb	Die Kelders	Created by	lebo@ohscare.co.za
Province	Western Cape	Created date	25 Jun 2018 10:45:17:263
Municipality	Overstrand	Edit by	lebo@ohscare.co.za
City	Gans Bay	Edit date	25 Jun 2018 10:45:17:263

### ADDRESS 6

Is this a preferred address?	No	Postal code	9301
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## CSD REGISTRATION REPORT

Address line 1	26 Hilkhah, Brendar Street	Ward Number	19
Address line 2	Kwaggafontein	Country	South Africa
Suburb	Bloemfontein Central	Created by	lebo@ohscare.co.za
Province	Free State	Created date	01 Feb 2021 11:04:25:120
Municipality	Mangaung	Edit by	lebo@ohscare.co.za
City	Bloemfontein	Edit date	01 Feb 2021 11:04:25:120

### ADDRESS 7

Is this a preferred address?	No	Ward Number	2
Address line 1	26 Buchanan Street	Country	South Africa
Address line 2	Lichtenburg	Created by	lebo@ohscare.co.za
Suburb	Lichtenburg SP	Created date	01 Feb 2021 11:04:25:120
Province	North West	Edit by	lebo@ohscare.co.za
Municipality	Ditsobotla	Edit date	01 Feb 2021 11:04:25:120
City	Lichtenburg		
Postal code	2740		

## SUPPLIER BANK ACCOUNT

### BANK ACCOUNT 1

Account type	Current Accounts	Created by	lebo@ohscare.co.za
Bank	ABSA BANK LIMITED	Created date	14 Mar 2016 10:51:03:000
Branch number	632005	Edit by	csd.safetynetbatch@treasury.gov.za
Branch name	ABSA ELECTRONIC SETTLEMENT CNT	Edit date	26 Apr 2016 15:47:26:710
Account number	4054031865	Bank Verification Status	Verification Succeeded
Account holder	OHSCARE CC	Foreign Bank Account	No
Is this a preferred account?	Yes	Is the identifier linked at the bank	Yes
Active start date	14 Mar 2016 10:51:03:000	Is this a Shared Funding Account	No







## CSD REGISTRATION REPORT

### TAX INFORMATION

Income tax number	9090313140	Would you like to receive notifications?	Yes
Income Tax Status	Compliant tax status Verified	Overall Tax Status	Tax Compliant
VAT number	4620196206	Created by	lebo@ohscare.co.za
VAT Status	Compliant tax status Verified	Created date	14 Mar 2016 11:10:39:000
Is this supplier a VAT debtor?	Yes	Edit by	csd.reverifybatch@treasury.gov.za
Are you Registered with SARS?	Yes	Edit date	08 Feb 2021 15:57:24:193
Last validation date	08 Feb 2021 15:57:00:000		

### B-BBEE INFORMATION

Are you an empowering supplier	Yes	B-BBEE Procurement Recognition	125%
% Owned by black people	51.00	Accept and understand the content of the affidavit	Yes
% Owned by black people who are women	51.00	Commissioner of Oath	Sgt Mokoena
% Owned by black people who are youth	0.00	Date affidavit signed by commissioner of oath	01 Jul 2020 00:00:00:000
% Owned by black people with disabilities	0.00	Affidavit expiry date	30 Jun 2021 00:00:00:000
% Owned by black who are unemployed	0.00	Created by	lebo@ohscare.co.za
% Owned by black people who are military veteran	0.00	Created date	25 Jun 2018 10:45:17:433
% Owned by black people living in rural or underdeveloped areas	0.00	Edit by	lebo@ohscare.co.za
Status	Active	Edit date	02 Jul 2020 10:21:39:077
B-BBEE Status Level Of Contributor	Level 2 Contributor	Verification Status	Manual Verification Required





## CSD REGISTRATION REPORT

### OWNERSHIP INFORMATION

Owner s name and surname Legal name	Owner s Identification number	RSA Citizen	Ethnic group	Gender	Ownership %	Youth	Disabled	Military	Rural	Township
LESEGO QUEEN EVELYN PARKIES	7809150535083	Yes	Black African	Female	48.30%	No	No	No		
PIERRE ACKERMANN	8209245135081	Yes	White	Male	46.30%	No	No	No		
MAKAPANE VIVIAN MASHILWANE	7810050316087	Yes	Black African	Female	2.70%	No	No	No		
PETRONELLA SOPHIA WOOD	7104220197084	Yes	White	Female	2.70%	No	No	No		Yes
Total					100.00%					

### OUTCOMES AGAINST PREFERENTIAL PROCUREMENT CRITERIA BASED ON OWNERSHIP

Enterprise type	QSE
B-BBEE status level of contributor	Level 2 Contributor
Owned by black people	51.00%
Owned by black people who are youth	0.00%
Owned by black people who are women	51.00%
Owned by black people with disabilities	0.00%
Owned by black people who are military veteran	0.00%
Owned by black people living in rural or underdeveloped areas	0.00%
Owned by black people living in townships	0.00%







## CSD REGISTRATION REPORT

People % Ownership

49.00 %



51.00 %

Black people Other people

Gender % Ownership

51.00 %



49.00 %

Black male Other group Black female

Youth % Ownership

100.00 %



Black youth Other group

Military veteran % Ownership

100.00 %



Black military veterans Other group

Disabled % Ownership

100.00 %



Black people with disabilities Other group

Living area % Ownership

100.00 %



Other areas Black in rural areas Black in townships







## CSD REGISTRATION REPORT

### DIRECTORS/MEMBERS/OWNERS INFORMATION

#### DIRECTOR/MEMBER 1

Director type	Member, Owner	Owner's gender	Female
Director status	Active	Owner youth	No
Name(s)	LESEGO QUEEN EVELYN	Owner person with disabilities	No
Surname	PARKIES	Owner military veteran	No
Country	South Africa	Created by	lebo@ohscare.co.za
Identification type	South African Identification Number	Created date	11 May 2017 10:20:14:000
South African identification number	7809150535083	Edit by	lebo@ohscare.co.za
Appointment date	30 Sep 2014 00:00:00:000	Edit date	13 Aug 2019 11:47:43:000
Email address	lebo@ohscare.co.za	Restricted Supplier	No
Cellphone number	082 879 8606	Restriction Last Verification Date	08 Feb 2021 15:57:24:210
Owner	Yes	Government Employee	No
Ownership %	48.30%	Government Employee Last Verification Date	08 Feb 2021 15:57:24:257
Living areas of owner	Ekurhuleni, Glen Marais	SA identification number Verified	Yes
Owner's ethnic group	Black African	SA identification number verification date	08 Feb 2021 15:57:24:000

#### DIRECTOR/MEMBER 2

Director type	Member, Owner	Owner's gender	Male
Director status	Active	Owner youth	No
Name(s)	PIERRE	Owner person with disabilities	No
Surname	ACKERMANN	Owner military veteran	No
Country	South Africa	Created by	lebo@ohscare.co.za
Identification type	South African Identification Number	Created date	11 May 2017 10:22:00:000
South African identification number	8209245135081	Edit by	lebo@ohscare.co.za
Appointment date	06 Nov 2008 00:00:00:000	Edit date	13 Aug 2019 11:48:20:000
Email address	pierre@ohscare.co.za	Restricted Supplier	No





## CSD REGISTRATION REPORT

Cellphone number	083 632 9863	Restriction Last Verification Date	08 Feb 2021 15:57:24:223
Owner	Yes	Government Employee	No
Ownership %	46.30%	Government Employee Last Verification Date	08 Feb 2021 15:57:24:270
Living areas of owner	City of Johannesburg, Modderfontein	SA identification number Verified	Yes
Owner's ethnic group	White	SA identification number verification date	08 Feb 2021 15:57:24:033

### DIRECTOR/MEMBER 3

Director type	Member, Owner	Owner's gender	Female
Director status	Active	Owner youth	No
Name(s)	MAKAPANE VIVIAN	Owner person with disabilities	No
Surname	MASHILWANE	Owner military veteran	No
Country	South Africa	Created by	lebo@ohscare.co.za
Identification type	South African Identification Number	Created date	11 May 2017 10:29:45:000
South African identification number	7810050316087	Edit by	lebo@ohscare.co.za
Appointment date	06 Nov 2008 00:00:00:000	Edit date	13 Aug 2019 11:49:07:000
Email address	vivian@ohscare.co.za	Restricted Supplier	No
Cellphone number	079 497 4820	Restriction Last Verification Date	08 Feb 2021 15:57:24:223
Owner	Yes	Government Employee	No
Ownership %	2.70%	Government Employee Last Verification Date	08 Feb 2021 15:57:24:270
Living areas of owner	Ekurhuleni, Impala Park	SA identification number Verified	Yes
Owner's ethnic group	Black African	SA identification number verification date	08 Feb 2021 15:57:24:047

### DIRECTOR/MEMBER 4

Director type	Member, Owner	Owner's gender	Female
Director status	Active	Owner youth	No
Name(s)	PETRONELLA SOPHIA	Owner person with disabilities	No
Surname	WOOD	Owner military veteran	No







## CSD REGISTRATION REPORT

Country	South Africa	Created by	lebo@ohscare.co.za
Identification type	South African Identification Number	Created date	11 May 2017 10:32:11:000
South African identification number	7104220197084	Edit by	lebo@ohscare.co.za
Appointment date	06 Nov 2008 00:00:00:000	Edit date	13 Aug 2019 11:49:20:000
Email address	sonel@ohscare.co.za	Restricted Supplier	No
Cellphone number	083 625 6646	Restriction Last Verification Date	08 Feb 2021 15:57:24:240
Owner	Yes	Government Employee	No
Ownership %	2.70%	Government Employee Last Verification Date	08 Feb 2021 15:57:24:287
Living areas of owner	Ehlanzeni, Barberton Ext 1	SA identification number Verified	Yes
Owner's ethnic group	White	SA identification number verification date	08 Feb 2021 15:57:24:070

The CSD does not automatically verify foreign company registration number, international securities identification number, foreign identification numbers, foreign passport numbers, work permit numbers, foreign bank accounts, B-BBEE, demographic and accreditation information. Organs of State are required to manually verify this information with the applicable verification institutions as per their current policies and procedures.





## CSD REGISTRATION REPORT

### Tips and Frequently Asked Questions (FAQ)

#### **Identifier**

CSD cannot electronically verify the identity of a supplier other than a South African Individual / Sole Proprietor (through Home Affairs) or a company registered at the Companies and Intellectual Property Commission (CIPC). For this reason, a disclaimer is displayed for supply chain practitioners to obtain supporting documentation to verify the identity and legitimacy of a supplier in these cases.

#### **Bank**

For help on how to resolve bank failures click here: [I received an email stating the bank information I captured on the CSD was sent for bank account validation and could not be validated. The response received from the bank contains an error message.](#)

The various possible error messages received from the bank are highSemiBolded in red. Search for the applicable message and follow the detailed steps associated with that error message.

#### **TAX**

##### **Tax Compliance Status**

For help on how to deal with tax status differences between CSD and the tax clearance certificate click here: [What should a supplier do if the tax status on CSD difference from the tax clearance certificate?](#)

##### **Tax Compliance Expiry Date**

For help on how to deal with tax status differences between CSD and the tax clearance certificate click here: [How does CSD determine the tax compliance expiry date?](#)

#### **CIPC**

Should the director/member information reflected on the CIPC registration report differs to that reflected on CSD for help click here: [The active Directors/Members are not being populated on the CSD Directors/Members screen as they appear at CIPC. how can I rectify this?](#)

#### **State Employee**

For more information pertaining to government employment status click here: [Will there be verification done to identify if a supplier is a government employee?](#)

#### **BBBEE**

CSD does not automatically verify all certificate information with the various accreditation bodies. Organs of State are required, where not automatically verified by CSD, to manually verify this information with the applicable accreditation body as per current policies and procedures. Expired certificate information do not reflect on the report.



## **4.5 Confirmation of Members by Accounting Officer**



# George Maas

PO Box 17044, Atlasville, 1465  
5 Lantana Road, Atlasville Ext 2

Tel: 083 600 8778

4 August 2020

## TO WHOM IT MAY CONCERN

### **CONFIRMATION OF FINANCIAL STABILITY: OHSCARE CC (CK 2008/234142/23)**

I hereby confirm that I am the registered accounting officer to OHSCARE CC since 2014 and that I am acquainted with the financial performance of the business due to regular involvement through the year.

I hereby confirm that the corporation is both solvent and liquid. The company net assets at any given point in time right through the year never drops below R5 000 000 (Five million Rand).

The annual turnover for the financial year ended 29 February 2020 was in excess of R30.5 million.

### **CONFIRMATION OF MEMBERS: OHSCARE CC (CK 2008/234142/23)**

I hereby confirm that no members to the corporation OHSCARE CC owes any monies in respect of their membership shares and I further confirm the membership currently as follows:

- Lesego Queen Evelyn Parkies	ID 7809150535083	Membership: 48.3%
- Petronella Sophia Wood	ID 7104220197084	Membership: 2.7%
- Makapane Vivian Mashilwane	ID 7810050316087	Membership: 2.7%
- Pierre Ackermann	ID 8209245135081	Membership: 46.3%

Yours Faithfully,



GM Maas AGA (SA)  
ASSOCIATE GENERAL ACCOUNTANT (SA)  
SAICA PRACTICE NO 04904211

COMMISSIONER OF OATHS (RSA)  
George Michael Maas (AGA) SA  
SAICA Associate No: 04904211  
5 Lantana Road, Atlasville Ext 2,  
Boksburg, 1459

Certificate issued by the Commissioner of Companies & Intellectual  
Property Commission on Monday, July 13, 2020 at 4:46



Companies and Intellectual  
Property Commission

## Disclosure Certificate: Companies and Close Corporations

Registration Number: 2008 / 234142 / 23  
Enterprise Name: OHSCARE

### ENTERPRISE INFORMATION

Registration Number: 2008 / 234142 / 23  
Enterprise Name: OHSCARE  
Registration Date: 06/11/2008  
Business Start Date: 06/11/2008  
Enterprise Type: Close Corporation  
Enterprise Status: In Business  
Compliance Notice Status: NONE  
Financial Year End: February  
TAX Number: 9090313140

#### Addresses

#### POSTAL ADDRESS

PO BOX 15770  
IMPALA PARK  
BOKSBURG  
GAUTENG  
1472

#### ADDRESS OF REGISTERED OFFICE

76 STEEL ROAD  
SPARTAN  
KEMPTON PARK  
GAUTENG  
1619

COMMISSIONER OF OATHS (RSA)  
George Michael Maas (AGA) SA  
SAICA Associate No: 04904211  
5 Lantana Road, Atlasville Ext 2,  
Boksburg, 1459

*4/8/2020*  
**CERTIFIED TRUE  
COPY OF ORIGINAL  
DOCUMENT**

### ACTIVE MEMBERS / DIRECTORS

Surname and First Names	Type	ID Number / Date of Birth	Contrib. (R)	Interest (%)	Appoint. Date	Address
ACKERMANN, PIERRE	Member	8209245195081	48.30	48.30	06/11/2008	Postal: 5 KAREE CRESCENT, THORNHILL ESTATE, MODDERFONTEIN, GAUTENG. Residential: 5 KAREE CRESCENT, THORNHILL ESTATE, MODDERFONTEIN, GAUTENG,
MASHILWANE, MAKAPANE VIVIAN	Member	7810050316067	2.70	2.70	06/11/2008	Postal: PO BOX 18048, ATLASVILLE, BOKSBURG, GAUTENG, 1465 Residential: UNIT 51 IMPALA LAKE FLATS, 49 NORTH ROB ROAD, IMPALA PARK, GAUTENG, 1462
WOOD, PETRONELLA SOPHIA	Member	7104220187084	2.70	2.70	06/11/2008	Postal: 20 PRETORIUS ST, BARBERTON EAST, BARBERTON, MPUMALANGA, 1300 Residential: 20 PRETORIUS ST, BARBERTON EAST, BARBERTON, MPUMALANGA, 1300
PARKIES, LESEGO QUEEN EVELYN	Member	7809150535063	48.30	48.30	30/09/2014	Postal: 4 CORNELIUS AVENUE, GLEN MARAIS, KEMPTON PARK, GAUTENG, 1619 Residential: 4 CORNELIUS AVENUE, GLEN MARAIS, KEMPTON PARK, GAUTENG, 1619



## 4.6 Member's Certified ID's

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 781005 0316 08 7



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

MASHILWANE

VOORNAME/FORENAMES

MAKAPANE VIVIAN

GEBORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/  
DATE OF BIRTH

1978-10-05

DATUM UITGEREIK  
DATE ISSUED

2001-05-15



UITGEREIK OP GESAG VAN DI  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*Alberta Wianda Jansen van Vuuren*  
SIGNATURE

Commissioner of Oaths  
Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601

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

Tel: 072 967 4770



I.D.No. 820924 5135 08 1



S.A. BURGER/S.A. CITIZEN

VAN SURNAME

ACKERMANN

VOORNAME/FORENAMES

PIERRE

GEBORTE DISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTE DATUM/  
DATE OF BIRTH

1982-09-24

DATUM UITGEREIK  
DATE ISSUED

2004-02-04

UITGEREIK OF GEGAS VAN DIE  
DIREKTOR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS



#### GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakke.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by. straatnaam, en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepsos word aan die naaste streek-distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

#### REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

  
SIGNATURE  
Commissioner of Oaths  
Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601

Date:

Tel: 072 967 4770

I.D. NO. 780915 0535 08 3



S.A. BURGER/S.A. CITIZEN

VAN SURNAME  
**PARKIES**

VOORNAME/FOR ENAMES  
**LESEGO QUEEN EVELYN**

GEBORTE DISTRIK OF LAND OF  
DISTRICT OR COUNTRY OF BIRTH

**SOUTH AFRICA**

GEBORTE DATUM/  
DATE OF BIRTH

**1978-09-15**

DATUM UITGEREIK  
DATE ISSUED

**2005-01-26**

UITGEEK OF GEDAG VAN DIE  
DIRECTOR-GENERAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS



**GEREGISTREERDE WOON- EN POSADRES**

1. Bewaar die bewys van u Geregistreerde woon- en posadres in hierdie sakke.
2. Indien u ven adres verander het, of indien besonderhede van u huidige adres, by. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naslae afdeling/diskontoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

**REGISTERED RESIDENTIAL AND POSTAL ADDRESS**

1. Keep the proof of your registered residential and postal address in this pocket.
2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

**SIGNATURE**

Commissioner of Oaths  
Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601

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

Tel: 072 967 4770



**NOTICE OF PERSONAL PARTICULARS**

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

**NOTICE OF CHANGE OF ADDRESS**

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 710422 0197 084



S.A.CITIZEN

SURNAME  
**WOOD**

FORENAMES  
**PETRONELLA SOPHIA**

COUNTRY OF BIRTH  
**SOUTH AFRICA**

DATE OF BIRTH  
**1971-04-22**



DATE ISSUED  
**2012-06-19**

ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

  
**SIGNATURE**

Commissioner of Oaths  
Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601

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

Tel: 072 967 4770

## 4.7 Certified BBBEE Sworn Affidavit



## SWORN AFFIDAVIT – B-BBEE QUALIFYING SMALL ENTERPRISE - GENERAL

I, the undersigned,

Full name & Surname	LEBOGANG PARKIES
Identity number	750317 5296082

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a Member / Director / Owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name:	DHSCARE cc
Trading Name (If Applicable):	DHS CARE cc
Registration Number:	2008/234142/23
Enterprise Physical Address:	76 STEEL ROAD SPARTAN KEMPTON PARK 1620
Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):	CLOSE CORPORATION
Nature of Business:	OCCUPATIONAL HEALTH SERVICES
Definition of "Black People"	<p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 "Black People" is a generic term which means Africans, Coloureds and Indians –</p> <p>(a) Who are citizens of the Republic of South Africa by birth or descent; or</p> <p>(b) Who became citizens of the Republic of South Africa by naturalization-</p> <p>i. Before 27 April 1994; or</p> <p>ii. On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date</p>

3. I hereby declare under Oath that:

- The Enterprise is 51 % Black Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise is 51 % Black Woman Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise is 0 % Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,


- Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of 29.02.2020, the annual Total Revenue was between R10,000,000.00 (Ten Million Rands) and R50,000,000.00 (Fifty Million Rands),
- Please confirm on the table below the B-BBEE level contributor, **by ticking the applicable box.**

100% Black Owned	<b>Level One</b> (135% B-BBEE procurement recognition level)	
At Least 51% black owned	<b>Level Two</b> (125% B-BBEE procurement recognition level)	✓

- I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.
- The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

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

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

  
Commissioner of Oaths  
Signature & stamp



## 4.8 Letter of Good Standing Workman's Compensation



# labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA



2020016896

CALL CENTER NO: 0860 105 350

REG NO : 990000322159  
FAX NO : 0123456789  
ISSUE DATE : 2021-04-27  
CERTIFICATE NO : 2020016896

O H S CARE PTY LTD  
PO BOX 5637  
Kempton Park

## LETTER OF GOOD STANDING

### COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 of 1993 (AS AMENDED).

With reference to sections 80, 82, 86 and 89 of Compensation for Occupational Injuries and Diseases Act 130 of 1993 (As amended), I hereby certify that:

**O H S CARE PTY LTD**

has complied with the requirement of the above Act and is at present in good standing with the Compensation Fund.

**Nature of business :MEDICAL SERV**

**Expiry date :2022-04-30**

### IMPORTANT NOTICE:

Any fraudulently obtained Letter of Good Standing shall constitute a criminal offence.

The Compensation Commissioner shall institute criminal proceedings against any perpetrators who unlawfully alter or deface this letter with intend to defraud or misrepresent facts contained therein.

**PLEASE, use the Below link (Website Address) to check if the Letter of Good Standing is valid:**

**<https://cfonline.labour.gov.za/VerifyLOGS>**

**Yours faithfully**

COMPENSATION COMMISSIONER



W.As. 48

Compensation House, Cnr Hamilton and Soutpansberg Road, PO Box 955, Pretoria, 0001 Fax:(012)357-1817 Website:<http://www.labour.gov.za>



## **4.9 Department of Labour Employment Equity Report**

**4.9.1 Workforce Profile**

**4.9.2 Staffing Profile**

## 4.9.1 Workforce Profile

## SECTION B: WORKFORCE PROFILE

## 1. WORKFORCE PROFILE

1.1 Please report the total number of employees (including employees with disabilities) in each of the following occupational levels: Note: A=Africans, C=Coloureds, I=Indians and W=Whites

Occupational Levels		Male				Female				Foreign National			
		A	C	I	W	A	C	I	W	Male	Female	TOTAL	
Top Management Senior Management		1	0	0	1	0	0	0		0	0	2	
		0	0	0	0	1	0	0	4	0	0	5	
Professionally qualified and experienced specialists and mid-management		1	0	0	1	8	1	0	7	0	0	18	
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents		1	1	0	1	2	0	0	2	0	0	7	
Semi-skilled and discretionary													
		2	0	0	0	21	1	0	4	0	0	28	
decision making Unskilled and defined decision making													
TOTAL PERMANENT		1	0	0	0	3	0	0	0	0	0	4	
		6	1	0	3	35	2	0	17	0	0	64	
Temporary Employees													
		4			1	4				0	0	9	
GRAND TOTAL		10	1	0	4	39	2	0	17	0	0	73	

**1.2 Please report the total number of employees with disabilities only in each of the following occupational**

levels: Note: A=Africans, C=Coloureds, I=Indians and W=Whites

[illegible]

## 4.9.2 Staffing Profile



# OHSCARE STAFFING PROFILE

Employee code	Employee Name	Gender M/F	Race A/C/I/W	Job Description
<b>MEMBERS</b>				
OHS0003	Mr Pierre Ackermann	M	W	Operational Manager
OHS0147	Mr Lebogang Parkies	M	A	Business Development
OHS0006	Ms Makapane Vivian Mashilwane	F	A	Office Administrator
OHS0009	Ms Petronella Sophia Wood	F	W	Radiographer
<b>CONSULTANTS - OCCUPATIONAL HEALTH DOCTOR</b>				
	Dr JH Raath	M	W	Occupational Health Doctor
	Dr J Folmer	M	W	Occupational Health Doctor
	Dr Z Khanyile	M	A	Occupational Health Doctor
	Dr I Olivier	M	W	Occupational Health Doctor
	Dr A Bovungana	M	A	Occupational Health Doctor
	Dr VK Ntshona	M	A	Occupational Health Doctor
	Dr L Fodi	M	A	Occupational Health Doctor
<b>PERMANENT STAFF</b>				
OHS0008	Ms Magdalena Christina Erasmus	F	W	Branch Manager
OHS0013	Ms Lindiwe Beauty Shongwe	F	A	Cleaner
OHS0030	Mr Eugene Van Der Merwe	M	W	Audiometrist/Driver
OHS0040	Ms Ria Ronel Mentz	F	W	Occupational Health Practitioner
OHS0068	Ms Cynthia Antonate Msibi	F	A	Occupational Health Assistant
OHS0080	Me Mmatlou Charlotte Moloto	F	A	Receptionist / Health Assistant
OHS0081	Mr Luvuyo Gwe	M	A	Audiometrist/Driver
OHS0082	Mr Makhundu Elmon Ngwamba	M	A	Occupational Health Assistant
OHS0105	Mr Bronwen Ernest Leeuw	M	C	Audiometrist/Driver
OHS0126	Mr Reginald Mace	M	W	Audiometrist/Driver
OHS0130	Ms Sympathia Nonhlanhla Nkosi	F	A	Occupational Health Assistant
OHS0135	Me Ntombikayise Amelia Delta Nkosi	F	A	Occupational Health Administrators
OHS0148	Me Delsile Tamary Nhlabatsi	F	A	Occupational Health Assistant
OHS0149	Me Jabu Msibi	F	A	Occupational Health Assistant
OHS0150	Me Kedisaletse Michelle Chuene	F	A	Occupational Health Assistant
OHS0154	Me Eunice Ground	F	C	Occupational Health Practitioner
OHS0169	Me Alberta Wianda Jansen van Vuuren	F	W	Financial Manager
OHS0170	Me Angel Zandile Magagula	F	A	Occupational Health Assistant
OHS0178	Me Marcia Lungile Khoza	F	A	Receptionist / Health Assistant
OHS0180	Me Amanda Boshoff	F	W	Admin
OHS0181	Me Gloria Mashifane	F	A	Admin
OHS0189	Me Leonie Du Rand	F	W	Admin
OHS0190	Me Mmasetshaba Linda Chauke	F	A	Occupational Health Assistant
OHS0199	Me Sphiwe Fortunate Dlamini	F	A	Training Occupational Health Nurse
OHS0205	Me Thelma Retshepile Mabitsela	F	A	Occupational Health Assistant
OHS0211	Me Palesa Puseletso Masiten	F	A	Occupational Health Assistant
OHS0212	Mr Nhlanhla Proturs Hlatshwayo	M	A	Audiometrist
OHS0217	Me Ndivhoniswani Idah Tshinale	F	A	Occupational Health Assistant
OHS0220	Me Eida Nokuthula Tumber	F	A	Occupational Health Assistant
OHS0232	Me Barbara Mamokete Molloung	F	A	Cleaner
OHS0242	Me Thembelihle Hope Dlamini	F	A	Occupational Health Assistant
OHS0247	Mrs Esmeralda Scholtz	F	W	Admin
OHS0250	Me Moleboheng Annah Choeu	F	A	Wellness Sister
OHS0251	Me Augusta Saunders	F	W	Branch Manager
OHS0252	Me Shana Saunders	F	W	Occupational Health Assistant
OHS0253	Me Joanne Schroeder	F	W	Technician
OHS0258	Ms Maria Dorothea Matthee	F	W	Occupational Health Practitioner
OHS0259	Me Ansel Schutte	F	W	Occupational Health Practitioner
OHS0261	Demishka Govender	F	I	Occupational Health Assistant
OHS0263	Claudette Engelina Lathane	F	A	Occupational Health Practitioner
OHS0264	Ms Puledi Constance Macaba	F	A	Occupational Health Assistant
OHS0265	Me Namolele Precious Rakgalakane	F	A	Admin
OHS0266	Me Confidence Melanie Chiloane	F	A	Admin
OHS0267	Mr Victor Sello Marwale	M	A	Cleaner
OHS0269	Me Mathapelo Gail Makgetla	F	A	Occupational Health Assistant
OHS0271	Ms Monica Hefer	F	W	Occupational Health Practitioner
OHS0272	Miss Nyeleti Tonnia Maluleke	F	A	Occupational Health Practitioner
OHS0274	Ms Welmien Wessels	F	W	Professional Nurse
OHS0275	Miss Morwaswi Bridget Mhlakodishi	F	A	Occupational Health Assistant
OHS0276	Miss Ralithalo Harith Mmamapogo Caroline	F	A	Cleaner
OHS0277	Me Louise Swanepoel	F	W	Occupational Health Practitioner
OHS0279	Mr Thabang Mavern Mashakana	M	A	Paramedic
OHS0280	Ms Zanele Barbara Xulu	F	A	Occupational Health Practitioner
OHS0283	MRS Buyelwa Albertina Tshobeni-Denti	F	A	Occupational Health Practitioner
OHS0285	Miss Lumka Mgidlana	F	A	Admin
OHS0286	Ms Melody Gwynneth Swart	F	W	Occupational Health Practitioner
OHS0287	Ms Betty Mhlala	F	A	Occupational Health Practitioner
<b>TEMPORARY STAFF</b>				
OHS0059	Ms Jacobeth Tozi Mandlazi	F	A	Occupational Health Assistant
OHS0128	Ms Nomsombuluko Evelyn Mdakane	F	A	Radiographer
OHS0201	Mr Allen Rodney Sampson	M	W	Standby
OHS0206	Mr Senzo Eddie Mathebula	M	A	Clerk
OHS0237	Mr Collen Moteme Mokolane	M	A	Clerk
OHS0240	Mr Butholezwe Msipha	M	A	Driver
OHS0255	Me Khetsiwe Nomseko Manana	F	A	Clerk
OHS0256	Me Noleen Ackermann	F	W	Occupational Health Practitioner
OHS0260	Me Nomvula Cheries Mokoena	F	A	Clerk
OHS0278	Me Peggy Maphula Tana	F	A	Locum
OHS0282	Mr Mzukisi Micheal M Makae	M	A	Clerk
OHS0284	Me Pearl Nomcebo Nkosi	F	A	Clerk

## **4.10 ABSA Bank Detailed Confirmation Letter**

**Absa Retail & Business Banking**

Pretoria campus Building A  
337 Petroleum Street, Watloo Pretoria

Tel 086 004 0302  
Fax 086 011 0025  
Swift Address: ABSA ZA JJ  
<http://www.absa.co.za>

**Absa Kleinhandel & Besigheids Bank**

Pretoria Kampus gebou A  
337 Petroleum Straat, Watloo Pretoria

Tel 086 004 0302  
Faks 086 011 0025  
Swift Address: ABSA ZA JJ  
<http://www.absa.co.za>

Date 20-04-2021

Confidential

**Confirmation of Banking Details**

We have pleasure in confirming that **OHSCARE CC** has had an account with Absa since 2001-09-04

<b>Account Name</b>	<b>OHSCARE CC</b>
<b>Absa Account Number</b>	<b>40-5403-1865</b>
<b>Registration Number</b>	<b>2008/234142/23</b>
<b>Account Type</b>	<b>GROWING BUSINESS ACC</b>
<b>Branch Name</b>	<b>1660 ABS SANDT 3 GROW</b>
<b>Branch Code</b>	<b>632005</b>
<b>SWIFT Code</b>	<b>ABSAZAJJ</b>

- This report does not confirm funds or the conduct of the account in any way.
- This information is to be treated in the strictest of confidence and may only be used in the context in which it is given.
- This report is a confirmation of the correctness of information supplied by the client dependent on the information contained by the bank's system at the time that the request is submitted to the bank.
- This report is given in confidence and on request of our client.

Absa Bank and/or its employees will not be held responsible for any loss, damage or liability which may arise directly or indirectly from the provision of this letter of confirmation.

Yours sincerely

.....  
**Moleseng Rebecca Mabilo**  
Virtual Consultant  
Absa Business Bank





**Relationship Banking  
Virtual Channels**

Pretoria Campus Building A  
337 Petroleum Street  
Waltloo, Pretoria 0184  
South Africa

Tel : 0860 040 302  
Email : MyBusinessBanker@absa.co.za  
Swift Address : ABSA ZA JJ  
<http://www.absa.co.za>

13 April 2021

OHSCARE CC  
76 STEEL ROAD  
BARBERTON  
1300

**Re: LETTER OF GOOD STANDING**

Account number : 40-5403-1865  
Account name : GROWING BUSINESS ACC  
Date account opened : 2001/09/04  
Returned Debits : 0  
Unauthorized Overdraws : 0

We would like to thank you for the satisfactory way in which you conduct your account.

Please note that this letter is issued with no recourse to the bank nor any of its employees.

Yours sincerely  
**Nomvula Nyembe**

Virtual Consultant | Relationship banking  
T: 0800 227 592  
Email: Mybusinessbanker@absa.co.za



**2021-04-13**  
**Relationship Banking**  
**Virtual Channels**  
**6480**

## 4.11 Insurance Cover Letter Liability Cover





**SMITH & SMITH**  
Financial solutions made simple

DATE : 21 October 2020  
ATT. : Amanda

**Confirmation of Cover – Non-Motor Item**

Client: OHS Care  
Insurer: Old Mutual Insure  
Policy number: 656950927

This letter serves to confirm that the abovementioned client has Public Liability Insurance cover with **Old Mutual Insure** on the following:

Section:	Public Liability Cover
Sum Insured:	R10 000 000.00
Basis of Cover:	Claims Made
Retroactive Date:	01/06/2021

**Policy wording and terms apply to this cover.**

We trust the above to be in order.

Kind Regards,

**Antoinette Els**  
Tel: 011 958 2445  
Email: antoinettel@smithandsmith.co.za

[www.smithandsmith.co.za](http://www.smithandsmith.co.za)

Bergzicht Office Park, Office No 25, Unit 4,  
First Floor, 5 Kudu Street, Allen's Nek,  
Roodepoort, 1709

P.O. Box 680, Southern Paarl, 7624

Tel: 011 958 2445

Authorised financial service provider, FSCA no: 44636 - Owner: SA Smith

**FPI**  
Financial Planning  
Institute of Southern Africa  
**THE PROFESSIONAL STANDARD**

**REGISTERED FINANCIAL PLANNER™**

## 4.12. 2019/2020 Audited Financials

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## **OHSCARE CC**

**(Registration Number 2008/234142/23)**

**Annual Financial Statements**

**for the year ended 29 February 2020**

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# **OHSCARE CC**

(Registration Number 2008/234142/23)

Annual Financial Statements for the year ended 29 February 2020

## **Index**

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The reports and statements set out below comprise the annual financial statements presented to the members:

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# **OHSCARE CC**

(Registration Number 2008/234142/23)

Annual Financial Statements for the year ended 29 February 2020

## **General Information**

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**Country of Incorporation and Domicile**

South Africa

**Nature of Business and Principal Activities**

Medical services - occupational health and safety care

**Members**

LQE Parkies  
P Ackermann  
MV Mashilwane  
PS Wood

**Registered Office**

76 Steel Road  
Spartan  
Kermpton Park  
1619

**Business Address**

76 Steel Road  
Spartan  
Kempton Park  
1619

**Bankers**

ABSA

**Accounting Officer**

GM Maas  
Associate General Accountant (SA)



# George Maas

PO Box 17044, Atlasville, 1465

5 Lantana Road, Atlasville Ext 2, Boksburg

Tel: 0878984546

Cell: 083 600 8778

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## Accounting Officer's Report

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Report of the accounting officer to OHSCARE CC

### Part I

Report of the accounting officer to OHSCARE CC

I have performed the duties of accounting officer to OHSCARE CC as required by Section 62 of the Close Corporations Act, 1984. The annual financial statements set out on pages 5 to 13 are the responsibility of the members. No audit or review is required to be carried out by the Act and no audit or review was conducted. Accordingly, I do not imply or express an opinion or any other form of assurance on the annual financial statements.

### Duties of accounting officer

I report, as required in terms of Section 62(1) of the Close Corporations Act of South Africa, having performed such procedures and conducted such enquiries in relation to the accounting records as I considered necessary in the circumstances, that:

- the annual financial statements are in agreement with the accounting records, summarised in the manner required by Section 58(2)(d) of the Act; and
- the accounting policies presented to me as having been applied in the preparation of the annual financial statements are appropriate to the business as per the reasons set out below.



GM Maas

Associate General Accountant (SA)

13 August 2020

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Email: [george@michaelmaas.co.za](mailto:george@michaelmaas.co.za)

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# OHSCARE CC

(Registration Number 2008/234142/23)

Annual Financial Statements for the year ended 29 February 2020

## Members' Responsibilities and Approval

The members are required by the South African Companies Act to maintain adequate accounting records and are responsible for the content and integrity of the annual financial statements and related financial information included in this report. It is their responsibility to ensure that the annual financial statements satisfy the financial reporting standards as to form and content and present fairly the statement of financial position, results of operations and business of the corporation, and explain the transactions and financial position of the business of the corporation at the end of the financial year. The annual financial statements are based upon appropriate accounting policies consistently applied throughout the corporation and supported by reasonable and prudent judgements and estimates.

The members acknowledge that they are ultimately responsible for the system of internal financial controls established by the corporation and place considerable importance on maintaining a strong control environment. To enable the members to meet these responsibilities, the board sets standards for internal controls aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the corporation and all employees are required to maintain the highest ethical standards in ensuring the corporation's business is conducted in a manner that in all reasonable circumstances is above reproach.

The focus of risk management in the corporation is on identifying, assessing, managing and monitoring all known forms of risk across the corporation. While operating risk cannot be fully eliminated, the corporation endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The members are of the opinion, based on the information and explanations given by management that the system of internal controls provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial controls can provide only reasonable, and not absolute, assurance against material misstatement or loss. The going-concern basis has been adopted in preparing the financial statements. Based on forecasts and available cash resources the members have no reason to believe that the corporation will not be a going concern in the foreseeable future. The financial statements support the viability of the corporation.

The accounting officer is responsible for reporting on the corporation's annual financial statements. The accounting officer's report is presented on page 2.

The annual financial statements set out on pages 5 to 13 were approved by the members on 13 August 2020 and were signed on their behalf by:

\_\_\_\_\_  
LQE Parkies

  
P Ackermann

\_\_\_\_\_  
MV Mashilwane

\_\_\_\_\_  
PS Wood

# **OHSCARE CC**

(Registration Number 2008/234142/23)

Annual Financial Statements for the year ended 29 February 2020

## **Report of the Members**

---

The members present their report for the year ended 29 February 2020.

### **1. General review**

The corporation's business and operations and the results thereof are clearly reflected in the attached financial statements. No material fact or circumstance has occurred between the accounting date and the date of the report.

The corporation carries on the business of medical services - occupational health and safety care.

### **2. Going concern**

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

### **3. Members and contributions by the members**

There were no new contributions introduced by members during the year under review.

The members of the corporation during the accounting period and up to the date of this report were as follows:

LQE Parkies  
P Ackermann  
MV Mashilwane  
PS Wood

### **4. Distributions to members**

Distributions of R800,000 (2019: R3,425,000) were paid to members.

### **5. Events after reporting date**

Impact of Covid-19: The corporation has taken all necessary actions to ensure that the impact of Covid 19 does not impact on the going concern principle.

All events subsequent to the date of the annual financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.

The member are not aware of any matter or circumstance arising since the end of the financial year to the date of this report that could have a material effect on the financial position of the corporation.

# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Statement of Financial Position

Figures in R	Notes	2020	2019
<b>Assets</b>			
<b>Non-Current Assets</b>			
Property, plant and equipment	3	5,712,148	5,604,721
<b>Current Assets</b>			
Current tax asset		271,266	-
Loan to member	4	117,001	117,001
Trade and other receivables	5	3,728,113	4,485,863
Cash and cash equivalents	6	3,548,661	3,666,849
		<u>7,665,041</u>	<u>8,269,713</u>
<b>Total Assets</b>		<u>13,377,189</u>	<u>13,874,434</u>
<b>Equity and Liabilities</b>			
<b>Equity</b>			
Members' contribution		100	100
Retained earnings		7,490,700	7,484,587
		<u>7,490,800</u>	<u>7,484,687</u>
<b>Non-Current Liabilities</b>			
Borrowings	8	3,050,505	3,282,998
<b>Current Liabilities</b>			
Trade and other payables	9	2,004,875	1,745,190
Current tax liability		-	118,266
Loans from members	7	797,705	1,222,585
Bank overdraft	6	33,304	20,708
		<u>2,835,884</u>	<u>3,106,749</u>
<b>Total Equity and Liabilities</b>		<u>13,377,189</u>	<u>13,874,434</u>

# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Statement of Comprehensive Income

Figures in R	2020	2019
Revenue	30,581,621	34,134,141
Cost of sales	(7,463,387)	(5,912,485)
Gross profit	23,118,234	28,221,656
Other income	714,895	319,827
Operating costs	(22,538,523)	(21,711,740)
Operating profit	1,294,606	6,829,743
Finance income	146,376	133,859
Finance costs	(316,140)	(492,741)
Profit before tax	1,124,842	6,470,861
Tax expense	(318,729)	(1,818,266)
Profit for the year	806,113	4,652,595



# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Statement of Changes in Members' Interest

Figures in R	Members' contribution	Retained earnings	Total
<b>Balance at 1 March 2018</b>	100	6,256,992	6,257,092
<b>Total comprehensive income for the year</b>		4,652,595	4,652,595
<b>Profit for the year</b>			
<b>Total comprehensive income for the year</b>	-	4,652,595	4,652,595
<b>Dividends</b>		(3,425,000)	(3,425,000)
<b>Balance at 28 February 2019</b>	100	7,484,587	7,484,687
<b>Balance at 1 March 2019</b>	100	7,484,587	7,484,687
<b>Total comprehensive income for the year</b>		806,113	806,113
<b>Profit for the year</b>			
<b>Total comprehensive income for the year</b>	-	806,113	806,113
<b>Dividends</b>		(800,000)	(800,000)
<b>Balance at 29 February 2020</b>	100	7,490,700	7,490,800

# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Statement of Cash Flows

Figures in R	Note	2020	2019
<b>Cash flows from operating activities</b>			
Profit for the year		806,113	4,652,595
<i>Adjustments for:</i>			
Finance costs		316,140	492,741
Income tax		318,729	1,818,266
Depreciation of property, plant and equipment		1,730,018	1,801,617
Investment income		(146,376)	(133,859)
(Profit) / loss on disposal of property, plant and equipment		(469,632)	193,147
<b>Operating cash flow before working capital changes</b>		<b>2,554,992</b>	<b>8,824,507</b>
<i>Working capital changes</i>			
Decrease / (increase) in trade and other receivables		757,750	(166,035)
(Increase) / decrease in short term loans		(424,880)	1,465,451
Increase in trade and other payables		259,685	165,183
<b>Net cash flows from operations</b>		<b>3,147,547</b>	<b>10,289,106</b>
Investment income		146,376	133,859
Finance costs		(316,140)	(492,741)
Income tax paid		(708,261)	(1,644,055)
<b>Net cash flows from operating activities</b>		<b>2,269,522</b>	<b>8,286,169</b>
<b>Cash flows used in investing activities</b>			
Property, plant and equipment acquired	3	(2,305,777)	(1,082,429)
Proceeds on disposals of property, plant and equipment		937,964	(183,253)
<b>Net cash flows used in investing activities</b>		<b>(1,367,813)</b>	<b>(1,265,682)</b>
<b>Cash flows used in financing activities</b>			
Loans repaid		(232,493)	(1,340,370)
Distributions paid		(800,000)	(3,425,000)
<b>Net cash flows used in financing activities</b>		<b>(1,032,493)</b>	<b>(4,765,370)</b>
Net (decrease) / increase in cash and cash equivalents		(130,784)	2,255,117
Cash and cash equivalents at beginning of the year		3,646,141	1,391,024
<b>Cash and cash equivalents at end of the year</b>	6	<b>3,515,357</b>	<b>3,646,141</b>

# **OHSCARE CC**

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## **Accounting Policies**

---

### **1. General information**

OHSCARE CC is a Close Corporation incorporated in South Africa.

### **2. Summary of significant accounting policies**

The annual financial statements have been prepared in accordance with the International Financial Reporting Standards for Small and Medium-sized Entities issued by the International Accounting Standards Board and the requirements of the Close Corporations Act of South Africa. The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

The annual financial statements have been prepared under the historical cost convention and are presented in South African Rands.

#### **2.1 Revenue recognition**

Revenue comprises the fair value of the consideration received or receivable for the sale of goods and / or services in the ordinary course of the corporation's activities. Revenue is shown net of value-added tax, returns, and discounts.

The corporation recognises revenue when: the amount of revenue can be reliably measured; it is probable that future economic benefits will flow to the entity; and specific criteria have been met for each of the corporation's activities, as described below:

##### **2.1.1 Services revenue**

The service rendered is recognised as revenue by reference to the stage of completion of the transaction at the balance sheet date.

##### **2.1.2 Interest income**

Interest income is recognised using the effective interest rate method.

#### **2.2 Income tax**

The tax expense for the year comprises current and deferred tax. Tax is recognised in profit or loss, except that a change attributable to an item of income or expense recognised as other comprehensive income is also recognised directly in other comprehensive income.

The current income tax charge is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the reporting date.

Deferred tax is recognised on differences between the carrying amounts of assets and liabilities in the financial statements and their corresponding tax bases (known as temporary differences). Deferred tax liabilities are recognised for all temporary differences that are expected to increase taxable profit in the future. Deferred tax assets are recognised for all temporary differences that are expected to reduce taxable profit in the future, and any unused tax losses or unused tax credits. Deferred tax assets are measured at the highest amount that, on the basis of current or estimated future taxable profit, is more likely than not to be recovered.

The net carrying amount of deferred tax assets is reviewed at each reporting date and is adjusted to reflect the current assessment of future taxable profits. Any adjustments are recognised in profit or loss.

# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Accounting Policies

---

### *Summary of significant accounting policies continued...*

Deferred taxation is calculated at the tax rates that are expected to apply to the taxable profit (tax loss) of the periods in which it expects the deferred taxation asset to be realised or the deferred taxation liability to be settled, on the basis of tax rates that have been enacted or substantively enacted by the end of the reporting period.

### 2.3 Property, plant and equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and any accumulated impairment losses.

Costs include costs incurred initially to acquire or construct an item of property, plant and equipment and costs incurred subsequently to add to, replace part of, or service it. If a replacement cost is recognised in the carrying amount of an item of property, plant and equipment, the carrying amount of the replaced part is derecognised.

Depreciation is charged so as to allocate the cost of assets less their residual values over their estimated useful lives, using the straight-line method. The following rates are used for the depreciation of property, plant and equipment:

The residual value, depreciation method and useful life of each asset are reviewed at each annual reporting period if there are indicators present that there has been significant change from the previous estimates.

Plant and equipment	16.67%
Motor vehicles	20.00%
Furniture and fittings	20.00%
IT equipment	33.33%

### 2.4 Leases

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Assets held under finance leases are recognised as assets of the corporation at their fair value at the inception of the lease. The corresponding liability to the lessor is included in the balance sheet as a finance lease obligation. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to profit or loss. Assets held under finance leases are included in property, plant and equipment, and depreciation and impairment losses are recognised.

Rentals payable under operating leases are charged to profit or loss on a straight-line basis over the term of the relevant lease.

### 2.5 Trade and other receivables

Trade receivables are recognised initially at the transaction price. They are subsequently measured at amortised cost using the effective interest rate method, less provision for impairment. A provision for impairment of trade receivables is established when there is objective evidence that the corporation will not be able to collect all amounts due according to the original terms of the receivables.

### 2.6 Cash and cash equivalents

Cash and cash equivalents includes cash on hand, demand deposits and other short-term highly liquid investments with original maturities of three months or less. Bank overdrafts are shown in current liabilities on the statement of financial position.

# **OHSCARE CC**

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## **Accounting Policies**

---

*Summary of significant accounting policies continued...*

### **2.7 Trade and other payables**

Trade and other payables are recognised initially at the transaction price and subsequently measured at amortised cost using the effective interest rate method.

### **2.8 Dividend distribution**

Distribution to the corporation's members is recognised as a liability in the financial statements in the period in which the distributions are approved by the members.

### **2.9 Borrowing costs**

Borrowing costs are recognised on the basis of the effective interest rate method and is included in finance costs.



# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Notes to the Annual Financial Statements

Figures in R	2020			2019		
	Cost	Accumulated depreciation	2020 Carrying value	Cost	Accumulated depreciation	2019 Carrying value
<b>Owned assets</b>						
Plant and equipment	5,345,127	(3,441,587)	1,903,540	5,202,517	(2,886,522)	2,315,995
Motor vehicles	6,613,638	(3,010,333)	3,603,305	6,368,607	(3,323,039)	3,045,568
Office equipment	236,573	(192,031)	44,542	236,573	(179,141)	57,432
IT equipment	515,091	(354,330)	160,761	436,579	(250,853)	185,726
	12,710,429	(6,998,281)	5,712,148	12,244,276	(6,639,555)	5,604,721

The carrying amounts of property, plant and equipment can be reconciled as follows:

	Carrying value at beginning of year	Additions	Disposals	Depreciation	2020 Carrying value at end of year	
<b>Owned assets</b>						
Plant and equipment	2,315,995	142,610	-	(555,065)	1,903,540	
Motor vehicles	3,045,568	2,084,655	(468,332)	(1,058,586)	3,603,305	
Office equipment	57,432	-	-	(12,890)	44,542	
IT equipment	185,726	78,512	-	(103,477)	160,761	
	5,604,721	2,305,777	(468,332)	(1,730,018)	5,712,148	
		Carrying value at beginning of year	Additions	Disposals	Depreciation	2019 Carrying value at end of year
<b>Owned assets</b>						
Plant and equipment		2,254,457	627,011	(9,892)	(555,581)	2,315,995
Motor vehicles		3,838,974	336,997	(1)	(1,130,402)	3,045,568
Office equipment		72,418	-	(1)	(14,985)	57,432
IT equipment		167,954	118,421	-	(100,649)	185,726
		6,333,803	1,082,429	(9,894)	(1,801,617)	5,604,721

## 4. Loans to members

LQ Parkies	117,001	117,001
------------	---------	---------

The loan is an unsecured interest free loan with no fixed repayment terms. Debit loans are cleared by way of dividends declared.

# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Notes to the Annual Financial Statements

Figures in R	2020	2019
<b>5. Trade and other receivables</b>		
Trade debtors	3,613,213	4,385,576
Staff loans	27,977	9,599
Deposits	86,923	90,688
	<u>3,728,113</u>	<u>4,485,863</u>
<b>6. Cash and cash equivalents</b>		
Favourable cash balances		
Cash on hand	16,482	23,527
Bank balances	3,532,179	3,643,322
	<u>3,548,661</u>	<u>3,666,849</u>
Overdraft		
Bank control account	33,304	20,708
	<u>3,548,661</u>	<u>3,666,849</u>
Current assets	(33,304)	(20,708)
Current liabilities	<u>3,515,357</u>	<u>3,646,141</u>
<b>7. Loans from members</b>		
N Ackermann	656,999	956,999
P Ackermann	140,706	215,586
PS Wood	-	25,000
VM Mashilwane	-	25,000
	<u>797,705</u>	<u>1,222,585</u>
The loans are unsecured interest free loans with no fixed repayment terms. Debit loans are cleared by way of dividends declared from time to time.		
<b>8. Borrowings</b>		
Secured		
Finance leases secured over equipment and vehicles	3,050,505	3,282,998
Current portion of finance leases included in the above is R1 267 881 (2019: R1 109 505).		
	<u>3,050,505</u>	<u>3,282,998</u>
<b>9. Trade and other payables</b>		
Trade creditors	835,450	818,096
Value Added Tax	409,868	320,614
Payroll liabilities	759,557	606,480
	<u>2,004,875</u>	<u>1,745,190</u>

# **OHSCARE CC**

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## **Detailed Income Statement**

Figures in R	2020	2019
<b>Gross Revenue</b>		
Revenue	30,581,621	34,134,141
	<u>30,581,621</u>	<u>34,134,141</u>
<b>Cost of Sales</b>		
Cost of sales	7,463,387	5,912,485
	<u>7,463,387</u>	<u>5,912,485</u>
<b>Gross Profit</b>	<u>23,118,234</u>	<u>28,221,656</u>
<b>Other Income</b>		
Discount received	57,454	-
Insurance recoveries	187,809	319,827
Interest received	146,376	133,859
Profit on sale of fixed assets	469,632	-
	<u>861,271</u>	<u>453,686</u>
	<u>23,979,505</u>	<u>28,675,342</u>

# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Detailed Income Statement

Figures in R	2020	2019
<b>Expenditure</b>	<b>26,956</b>	<b>29,450</b>
Accounting fees	34,508	6,017
Administration fees	92,284	84,737
Advertising	4,186	(136,145)
Bad debts	106,892	106,392
Bank charges	24,905	16,527
Cleaning	423,111	358,117
Computer expenses	3,000	20,966
Consulting fees	45,428	54,480
Delivery expenses	1,730,018	1,801,617
Depreciation	1,152	24,956
Discount allowed	80,451	79,931
Electricity and water	14,657,993	13,645,459
Employee costs	231,797	205,465
Entertainment	85,975	99,283
General expenses	131,074	155,058
Hire - Equipment	849,962	791,219
Insurance	316,140	492,741
Interest paid	55,291	42,144
Legal expense	-	193,147
Loss on sale of fixed assets	(404)	650
Losses due to theft	43,923	75,501
Minor assets written off	1,162,290	1,073,877
Motor vehicle expense	293,327	294,036
Printing and stationery	39,054	2,919
Protective clothing	48,501	28,962
Quality assurance audits	971,493	909,587
Rent paid	56,082	42,721
Repairs and maintenance	45,706	53,715
Security	4,131	51,523
Staff welfare	7,461	29,371
Subscriptions	291,718	273,048
Telephone and fax	12,551	11,054
Tender costs	40,025	67,204
Training	937,682	1,218,752
Travel - local	22,854,663	22,204,481
<b>Profit before tax</b>	<b>1,124,842</b>	<b>6,470,861</b>
Taxation	(318,729)	(1,818,266)
<b>Profit for the year</b>	<b>806,113</b>	<b>4,652,595</b>

# OHSCARE CC

(Registration Number 2008/234142/23)

Financial Statements for the year ended 29 February 2020

## Income Tax Computation

Figures in R	Add Back	Deduct	2020	2019
<b>Profit before tax</b>			<b>1,124,842</b>	<b>6,470,861</b>
Wear and tear	-	1,799,950		(1,801,617)
Depreciation per income statement	1,799,950	-		1,801,617
Legal expenses	6,348	-		22,946
	1,806,298	1,799,950	6,348	22,946
<b>Computed income for the year</b>			<b>1,131,190</b>	<b>6,493,807</b>
<b>Normal tax on R1,131,190 at 28c in the R</b>			<b>316,733</b>	<b>1,818,266</b>
Interest paid on assessed tax account			1,996	-
<b>Total per income statement</b>			<b>(318,729)</b>	<b>(1,818,266)</b>
<b>Less : Assessed tax payments / refunds</b>			<b>120,261</b>	<b>(55,945)</b>
Provisional tax	- 1st payment		294,416	210,000
	- 2nd payment		293,584	1,490,000
<b>Debit / (credit) balance brought forward</b>			<b>(118,266)</b>	<b>55,945</b>
<b>Total per balance sheet - Asset</b>			<b>271,266</b>	<b>(118,266)</b>



## **5. Medical Surveillance Methodology and Procedures**

**5.1 Project Management Plan – Work Plan**

**5.2 Methodology: Medical Surveillance  
Programme**

**5.2.1 MSP Process Flow**

**5.3 Methodology: Hazard Identification and  
Health Risk Assessment**

**5.3.1 HIHRA Process Flow**

**5.3.2 HIHRA Sample Report**

**5.4 Occupational Health Data Management –  
OMP Assist**

**5.4.1 OMP Assist Product Bulletin**

**5.4.2 OMP Assist Sample Reports**

**5.5 ISO 9001:2015 Certificate**

## 5.1 Project Management Plan



**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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**CAPE WINELANDS DISTRICT MUNICIPALITY**

**PROJECT MANAGEMENT PLAN**

**FOR**

**IMPLEMENTATION OF MEDICAL SURVEILLANCE PROGRAMME**

**BY**

**OHS CARE CC**

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Prepared by: Lebogang Parkies, Project Manager

Date: 19 May 2021

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**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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- 1. INTRODUCTION**
  - 2. PROJECT SCOPE**
  - 3. TERMS OF REFERENCE**
  - 4. ASSISTANCE REQUIRED FROM EMPLOYER**
  - 5. OHSCARE's RESOURCES FOR THE PROJECT**
  - 6. IMPLEMENTATION PLAN AND METHODOLOGY: MEDICAL  
SURVEILLANCE PROGRAMME**
  - 7. CONCLUSION**
-

**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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## **1. INTRODUCTION**

Cape Winelands District Municipality will be undertaking a Medical Surveillance services for its workforce to ensure that all the employees are fit to perform their duties and to safeguard the health of its workforce and to comply with Occupational Health and Safety Act NO.85 of 1993.

The project management plan outlines how the project will be rolled-out to demonstrate OHSCare's capacity and how efficient we would carry out the service if we were to be awarded the project.

## **2. PROJECT SCOPE**

OHSCare as the service provider will implement a Medical Surveillance Programme to ensure that Cape Winelands District Municipality achieves its objectives to conduct medical examinations on all of its eligible employees as per bid submission.

The medical surveillance examinations will include:

- Medical examinations will be conducted based on occupational risk and hazard exposures.
  - Medical history of the employee and family. Occupational, medical and lifestyle
  - Baseline medical examination, including:
    - Medical Check up
      - Blood Pressure
      - Urine
      - Finger prick blood sugar
      - Lung Function
      - Audiometry
    - Other Examinations
      - Optometry
      - Visual Skin Examination
-



**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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**3. TERMS OF REFERENCE**

- The contract for this project is to provide medical examination services for Cape Winelands District Municipality employees and the Medical Certificate of Fitness is valid for a period of one year.
- Medical surveillance services is for all eligible employees and a minimum of 30 medicals will be conducted per day.
- The medical examinations will be done by a registered professional Nurse - Occupational Health Nursing Practitioner with the Occupational Health Assistants and a registered Occupational Medical Practitioner / Doctor.
- The medical examinations will be done on nominated sites of Cape Winelands District Municipality offices namely, Ceres, Stellenbosch, Worcester, Robertson and Paarl.
- Cape Winelands District Municipality will make available employee list and job specification a month prior to conducting the medicals.

**4. ASSISTANCE REQUIRED FROM THE EMPLOYER**

In order for OHS Care to offer an efficient service and to draw up a detailed implementation plan, OHS Care would require the following assistance from Cape Winelands District Municipality

- Staff breakdown for different job specifications e.g. employees how many are Drivers, Operations, etc.
  - Provide working conditions i.e. shift system to assist in determining the project roll-out plan that is conducive and feasible for all stakeholders involved.
  - Cape Winelands District Municipality to provide OHS Care with a detailed list of employees for the medical examinations at least one month prior to set date. The list to include:
    - Name and Surname
-

**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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- Identity Number
  - Company Number
  - Job Description
  - Date of Commencement
- Provide OHS Care with a position specification for each position category.
- Previous medical history if available.
- To ensure that our Mobile Units work effectively the following are essential:
  - 220V electrical point for X-Ray Unit
  - 220V electrical point for Audio Unit
  - Office Space
    - Snellen Eye Test
    - Titmus Test
    - Spirometry
    - Desks and chairs for filling in forms and placing equipment.
  - Ablution Facility
  - Level Surface
  - Overnight Security for the Mobile Units
- Cape Winelands District Municipality to ensure employees are available on the designated days of medical examinations to ensure that we can meet agreed number of medical examinations.
- Cape Winelands District Municipality to have a representative at the designated sites that can guide and be responsible in assisting OHS Care medical team to conduct the medical screening programme effectively on the days when we are on site.

## **5. OHS CARE'S RESOURCES FOR THE PROJECT**

As part of Cape Winelands District Municipality medical surveillance programme, OHS Care undertakes to conduct medical examinations as follows:

The medical surveillance examinations will be conducted using OHS Care's state of the art fully air-conditioned mobile clinics (OHS Care owns 6 mobile clinics – and 4 X-ray mobile units as well as proof of ownership attached). Each mobile

**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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clinic is equipped with two audio booths to conduct audiometry tests, lung function equipment to conduct spirometry tests, Titmus machine to conduct visual examination including depth perception, visual acuity and colour perception.

The mobile clinic is also equipped with a private room where the OHNP conducts full medical tests including physical examination, urine test, height, weight, BMI, blood pressure, glucose and vaccinations.

- A comprehensive equipment list is attached for conducting the medical examinations.
- A Medical Surveillance Programme Methodology is also attached.

**a. Medicals to be conducted**

- Will always ensure that a minimum of 30 employees per day will conduct medical screening.
- OHS Care has the capacity to conduct between 60-80 medical examinations per day with a single medical team of 6 personnel.
- OHS Care will ensure that there's minimal interruption to work schedule when we are conducting medicals.

**b. Place of delivery**

The medical examinations will be conducted at the designated operational sites and offices of Cape Winelands District Municipality in Cape Winelands District.

**c. Medical Team**

The medical examinations will be conducted by OHS Care medical team which will comprise of:

**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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- Occupational Medical Practitioner (OMP/Dr.) registered with Health Professionals Council of South Africa (HPCSA),
    - Sign-off medical certificates as per legislation
    - Sign-off x-ray reports
    - Incapacity Management
    - Medical Tests (Where necessary)
  - Occupational Health Nursing Practitioner (OHNP) registered with South African Nursing Council (SANC) and/or South African Society of Occupational Health Nursing Practitioner (SASOHN),
    - Physical examinations including all vitals
    - Height, Weight, BMI, BP, Glucose.
    - Vaccination
  - Occupational Health Assistants – Audiometrists registered with SASOHN, and
  - Occupational Health Assistant
    - Medical History Forms
  - Audiometry Technician
  - Spiral Technician
- (Medical Team CV's and Qualifications attached)

**6. IMPLEMENTATION PLAN AND METHODOLOGY: MEDICAL SURVEILLANCE PROGRAMME**

*Refer to the attached Cape Winelands District Municipality Medical Surveillance Programme Methodology.*

**7. CONCLUSION**

OHS Care Project Management Plan (PMP) clearly demonstrates capacity in executing and conducting medical surveillance for Cape Winelands District Municipality employees by implementing a comprehensive Medical Surveillance Programme. The PMP goes a long way to providing the needed information necessary to differentiate OHS Care's acumen, aptitude and ability in delivering a complete medical examinations and medical surveillance services.



**PROJECT MANAGEMENT PLAN: CAPE  
WINELANDS DISTRICT MUNICIPALITY  
MEDICAL SURVEILLANCE**

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We are confident that OHS Care solutions will meet, if not exceed, Cape Winelands District Municipality expectations. We have endeavoured to demonstrate in the best possible way because we believe that OHS Care delivers exceptional service standards and should be the service provider of choice for the Cape Winelands District Municipality.

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## 5.2 Methodology: Medical Surveillance Programme



**CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL  
SURVEILLANCE PROGRAMME FOR EMPLOYEES:  
METHODOLOGY**

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**MEDICAL SURVEILLANCE PROGRAMME - METHODOLOGY**

**FOR**

**CAPE WINELANDS DISTRICT MUNICIPALITY**

**BY**

**OHS CARE CC**

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## **CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY**

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### **Purpose**

The purpose of Cape Winelands District Municipality Medical Surveillance Programme for employees should be primarily preventative.

1. To ensure that Cape Winelands District Municipality employees are fit for and suited to the work they are to do, and meet the inherent health requirements for the relevant occupation.
2. To ensure that the health of Cape Winelands District Municipality employees is not adversely affected by their work or working environment.
3. To establish baseline medical information on all Cape Winelands District Municipality employees, especially those exposed to health hazards.

### **Scope**

The scope of this Programme includes all eligible employees of Cape Winelands District Municipality.

### **Objectives**

The objectives of Medical Surveillance Programme are:

1. To ensure that the individual's health status does not place the health of that employee Cape Winelands District Municipality, or of any other Cape Winelands District Municipality employees at increased risk
    - Cape Winelands District Municipality employees found to be unsuitably employed are assisted in appropriate steps to either improve their medical status, such that they are able to return to their work, or are assisted in a genuine attempt to seek appropriate alternative occupations.
    - Cape Winelands District Municipality employees with injuries and illnesses, that render them unable to return to their work, are assisted with rehabilitation and workplace re-integration. Where relevant, these employees may need to attempt suitable alternative placement. Where appropriate, assistance should be given to enable compensation of workers with occupational diseases and/or injury.
-

## **CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY**

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2. To monitor Cape Winelands District Municipality employee's state of health on a regular basis (periodical examination) so as to detect occupational diseases at an early stage, thereby determining the efficacy of hazard control measures.
  - This early identification process allows interventions (medical or logistic) that have the best likelihood for excellent outcomes.
  - Through the analysis of the medical surveillance data, high-risk areas in need of environmental intervention can be identified.
  - This regular interaction with employees should ensure that they are adequately informed of the risks of their work (education) and the results of all medical examinations.
3. To establish Cape Winelands District Municipality employee's state of health before starting employment ("Baseline"), and on every occasion where there is transfer to another job during his/her employ with the company, thereby ensuring they meet the inherent requirements of the occupation.
4. To promote optimal health status of all Cape Winelands District Municipality employees through identifying:
  - Treatable medical conditions that may render them temporarily unable to perform their work
  - Chronic illnesses that may have no bearing on their fitness to work, but which threaten their personal long-term health
  - By referring them for remediation.

### **Types of Medical Examinations**

Medical Surveillance comprises the following types of Medical Examinations:

#### Routine medical examinations

- Pre-placement medical examinations
- Annual medical examinations
- Termination of service

#### Other medical examinations

- Specific - e.g., biological monitoring, noise exposure
  - Return to work (post injury or post illness)
  - Disability retirement
-

## **CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY**

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- Determination of physical fitness

At the end of the examination, OHS Care medical team will provide a certificate for the worker that will make clear whether the worker is:

- Fit for the job assigned with no restrictions, or
- Fit for the job assigned with certain restrictions, or
- Unfit for the job assigned and therefore needs to be reassigned into another job (if available)

### **Design of the Medical Surveillance Programme**

Note: The technique used to design of the Medical Surveillance Programme is described in detail in the SOP for the construction of the “Employee Medical Examination Programme”(“EMEPs”).

This is a complex process but can be summarized as follows:

**Step1:** Determine which employee groups require medical surveillance.

The key determinants of who should be required to undergo medical surveillance are the findings of the Health Risk Assessment, which are recorded in the Occupational Risk Exposure Profiles (“OREPs”). Hence in the first step in the design of the medical surveillance programme, the OREPs are consulted, and the data therein is transferred to the EMEPs. This is done as follows:

- The Inherent Requirements standards of the OREPs are transferred to the Job Fitness page of the EMEPs
- The Exposure Effect levels (values) are transferred to the corresponding places in the Effect Monitoring page in the EMEPs.
- The data entered into these two pages of the EMEPs are summarized on the Summary Page of the EMEPs, for easy reference.

**Step 2:** Determine which tests are required: Test Selection.

Using the EMEPs sheets, and the reference tables in the EMEP construction SOP, this step is made relatively painless. The tests comprise combinations of questionnaires, clinical examination and special investigations (x-rays, laboratory tests, audiograms, etc.).

**Step 3:** Determine the required Standards for medical adjudication.



## CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY

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Two types of standard are considered:

1. The medical standards that must be met to “pass” the examination (“Job Fitness standards”).
2. The action criteria that must be triggered when biological exposure levels or certain exposure effects are exceeded (“Biological Exposure standards”).

The extensive reference tables in the EMEP SOP assist OHS Care and its examining health team in this task. It is not possible to establish every permutation that would constitute a reason for excluding an employee in a policy document. Instead, lists of relevant cautions are flagged in the reference tables, to assist OHS Care medical professionals in their adjudication. Usually, it is a combination of factors that would result in the exclusion of an employee from a particular occupation.

### **Step 4: Determine the Test Frequency**

This is determined by the degree of risk to which the employees are faced, and the outcomes of the medicals themselves. The higher the risk, the more frequent the tests. The more adverse the outcomes, the more frequent the tests. Test frequencies usually vary from quarterly to every 3 years, but the most common is annual.

### **Step 5: OHS Care considers the ethics of medical testing, with special regard to:**

- Confidentiality.

This is particularly sensitive when test outcomes are computerized, which increases the risk that these results may get into the wrong hands. However, even paper records go astray. It is a temptation to flag records by means of the use of markers on the outside of the medical folders – a practice that should be implemented with caution, as this may constitute a breach of confidentiality (when the “coded” flags are interpreted (correctly, or, worse, incorrectly) by the employees.

- Communication of results.

OHS Care regards this as an important part of the medical surveillance programme, as it not only provides employees with the results of their tests, as is their constitutional right, but also allays fears that the company is hiding information deliberately. The feedback may be verbal or written, but the written route is favored.

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## **CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY**

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OHS Care System provides re-written letters that ease the burden of communicating in writing to every employee.

- **Education and Training**

Whilst employee education is not a direct responsibility of the OHS Care medical team, the annual medical provides an ideal opportunity to provide the employees with a further reminder of the issues which they need to be aware in their occupations, with particular reference to the effective use of their PPE, as well as safe work practices.

### **Core Approach to Medical Surveillance Programme**

Every Medical Surveillance Programme, regardless of the hazards to which the programme is linked, has a core of three phases.

#### **Phase One (“Case Identification”): Objective – “Normal or not”**

The objective here is to screen the target group for signs of work-related adverse health effects or for the presence of exclusion factors. This comprises clinical and laboratory screening tests conducted by OHS Care’s appropriately trained personnel using approved equipment (e.g., audiometry, lung function testing device, and out sourced and accredited laboratory facilities) and methods (e.g., ATS, NIOSH, etc.)

The tests results are captured, then printed and interpreted by an OHS Care’s Occupational Medical Practitioner with training in this field. Cases of non-occupational adverse health findings (such as high blood pressure, poor vision, etc.) are excluded from further action, and are offered referral to a medical practitioner (facility) of their choice, for follow-up. Those with adverse health effects thought to be work-related (whether exposure related or a potential exclusion), progress to Phase Two.

#### **Phase Two (“Case Confirmation”): Objective – “Work related or Not”**

The objective here is to confirm work-relatedness for those with suspicious adverse health findings during Phase One. The appropriate tests are applied as necessary, and specialist expertise may be enlisted. These tests are usually more specific for the

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## CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY

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occupational disease being evaluated, in order to confirm the diagnosis, or simply explore the links of causality, to determine work-relatedness.

As with Phase One, those with confirmed work-related abnormalities move on the Phase Three, the rest are referred to their own healthcare providers.

### **Phase Three (“Case Management”): Objective: - “Optimal Re-integration”**

This is the final and most crucial component of the programme. It focuses on those employees with confirmed work-related health problems. The actions in this phase include:

- Re-integrating the affected Cape Winelands District Municipality employee(s) back into the work environment, in ways that minimize risks to their (or others’) health. Treatment (medical) considerations are decided.
- Planning future company management interventions, to reduce the likelihood of similar diseases affecting other employees (future and current employees). This is prescribed by the hierarchy of controls, namely:
  1. Hazard substitution or elimination
  2. Engineering Solutions (isolation & ventilation)
  3. Administrative Solutions (job rotation, safe work procedures, hazard communication, etc.)
  4. Training and education
  5. Personal Protective Equipment
- Addressing the appropriate statutory reporting requirements, as prescribed by:
  - o The Occupational Health and Safety Act
  - o The Compensation for Occupational Injuries and Diseases Act.

### **Implementation Procedure**

Once the medical surveillance programme has been established, the medicals begin. These are usually conducted in a manner which is acceptable to the operational requirements of the workplace as well as to the logistic restrictions placed on the OHS Care’s medical team.

## **CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY**

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All examinations will be done according to the prescribed OHS Care forms. Each medical has the following components:

- 1. Questionnaire.** This includes the employee's relevant medical and personal history, as well as a past work history. Where necessary, further details may be sought by means of specific questionnaires, such as the Lung Function Questionnaire, the Audio Questionnaire, and the Contact Allergy Questionnaire, etc.
- 2. Physical examination** (including basic side-room investigations, such as urine dipsticks), targeting the relevant organs systems as prescribed by the EMEP.
- 3. Special Investigations** (laboratory, radiographic, audiometric and other analytic procedures that must be done for that particular exposure, or to test suitability).

### **Compulsory Pre-Employment Examinations**

These examinations should be conducted prior to employment Cape Winelands District Municipality. This is prescribed in the Hazardous Chemicals Substances regulations and is regarded as a standard benchmark. The responsibility to ensure that the examination is scheduled within the prescribed time deadline rests with the Human Resources personnel. Preferably, a written new recruit Induction Procedure should be in place, describing these requirements.

These examinations are to be documented on the OHS Care relevant company form. Additional investigations over and above the standard examination are required only for certain job categories.

The aim of these examinations is to ensure that the individual concerned conforms to all the inherent requirements of the job and is therefore fit to work in the relevant position.

The occupation's inherent medical requirements should be directed by the relevant "Occupational Risk and Exposure Profile (OREP)", and recorded in a written document called the "Employee Medical Examination Programme (EMEP)", which should be available to the examining nurse.

For operating positions, it is critical that a current, relevant OREP form is available to the examining doctor. This is to ensure that appropriate attention is paid to any medical condition relevant to the work requirements, or potential exposure to hazards.

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## **CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY**

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Should the applicant be found to be unfit for employment, it is the ethical responsibility of the Doctor to inform the applicant of the medical reason. In cases where the Doctor is unwilling to divulge the reason to applicant, this should be communicated to the applicant's personal Doctor.

### **Compulsory Periodic Examinations**

These are to be performed at least annually (as prescribed by the schedule established by the Occupational Medical Practitioner), and are to be documented on the appropriate OHS Care "Periodic Medical" form.

The schedule for these examinations and occupation's inherent medical requirements should be directed by the relevant "Occupational Risk and Exposure Profile (OREP)", and recorded in a written document called the "Employee Medical Examination Programme (EMEP)"

The responsibility to ensure that the examination is scheduled within the prescribed time deadline each year is usually shared between the OHS Care Medical Staff and Cape Winelands District Municipality relevant Manager. The Cape Winelands District Municipality Manager should submit a list of employees who are due for a medical examination a month prior to OHS Care scheduled medical screening.

### **Compulsory Exit Examinations**

These are to be performed on all Cape Winelands District Municipality employees that leave the services of the company, and who were exposed to recognized hazards. The findings will be documented on the appropriate OHS Care "Exit Medical" form. An exit medical should be done on all employees leaving the service of Cape Winelands District Municipality and an Exit Certificate as required by the OHS Act will be issued to the company and the employee.

These medicals should, within reason, be planned timeously, such as within a month of termination of services. The reason is that unexpected findings may require further actions (such as other tests, or referrals, or even a submission to the Compensation Commissioner, if a compensable occupational disease is identified). The responsibility to ensure that the examination is scheduled within the prescribed time deadline rests with the Human Resources personnel.

## CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY

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Note that this examination is not necessary if the last periodic medical was conducted within 6 months of the services being terminated.

### **Action Plan if an Occupational Disease Is Discovered:**

- Occupational diseases identified will be managed by OHS Care:
  - Occupational disease identified during the medical examinations for example Noise Induced hearing loss.
  - The laid down procedures will be followed by the Occupational Health Practitioners and Occupational Medical Practitioner of OHS Care.
  - The submissions to WCA or RMA will be done by the dedicated submission officer of OHS Care and all relevant documents will be sent to Cape Winelands District Municipality but also be kept in hard copies and electronically by OHS Care.

The following steps should be considered, when an occupational disease is discovered:

### Incident Investigation

- Investigate to establish cause of exposure and deviation from standard.
- Initiate measures to identify employees from similar exposure profiles that may also have acquired the occupational disease.

### Risk Control:

- Implement the necessary [hierarchy of controls](#) that address the circumstances that led to the exposure.
- Establish education and training programme to re-emphasize the effects of exposure and the need for control measures

### Employee Care:

- If necessary, remove employee from ongoing exposure
- If necessary, provide necessary medical therapy and rehabilitation
- Establish a follow-up schedule to monitor the employee's progress into the future
- Option for worker to seek a second medical opinion

### Communication:

- It will be the responsibility of the Cape Winelands District Municipality to ensure that all communications to outside stakeholders are carried through. OHS Care will certainly draft relevant and appropriate letters but Cape Winelands District
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## **CAPE WINELANDS DISTRICT MUNICIPALITY MEDICAL SURVEILLANCE PROGRAMME FOR EMPLOYEES: METHODOLOGY**

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Municipality should ensure that all processes are adhered to and followed thoroughly.

- To affected individual, accompanied with counselling (Individual medical results)
  - To management (whether worker fit to work and/or notified if worker has an occupational injury or disease)
  - To the Department of Labour (Occupational Health and Safety Act section 25)
  - If necessary, submit case to the offices of the Compensation Commissioner
  - Group results made available to all parties in an understandable manner outlining disease trends and identifying areas needing remediation
-

## 5.2.1 MSP Process Flow



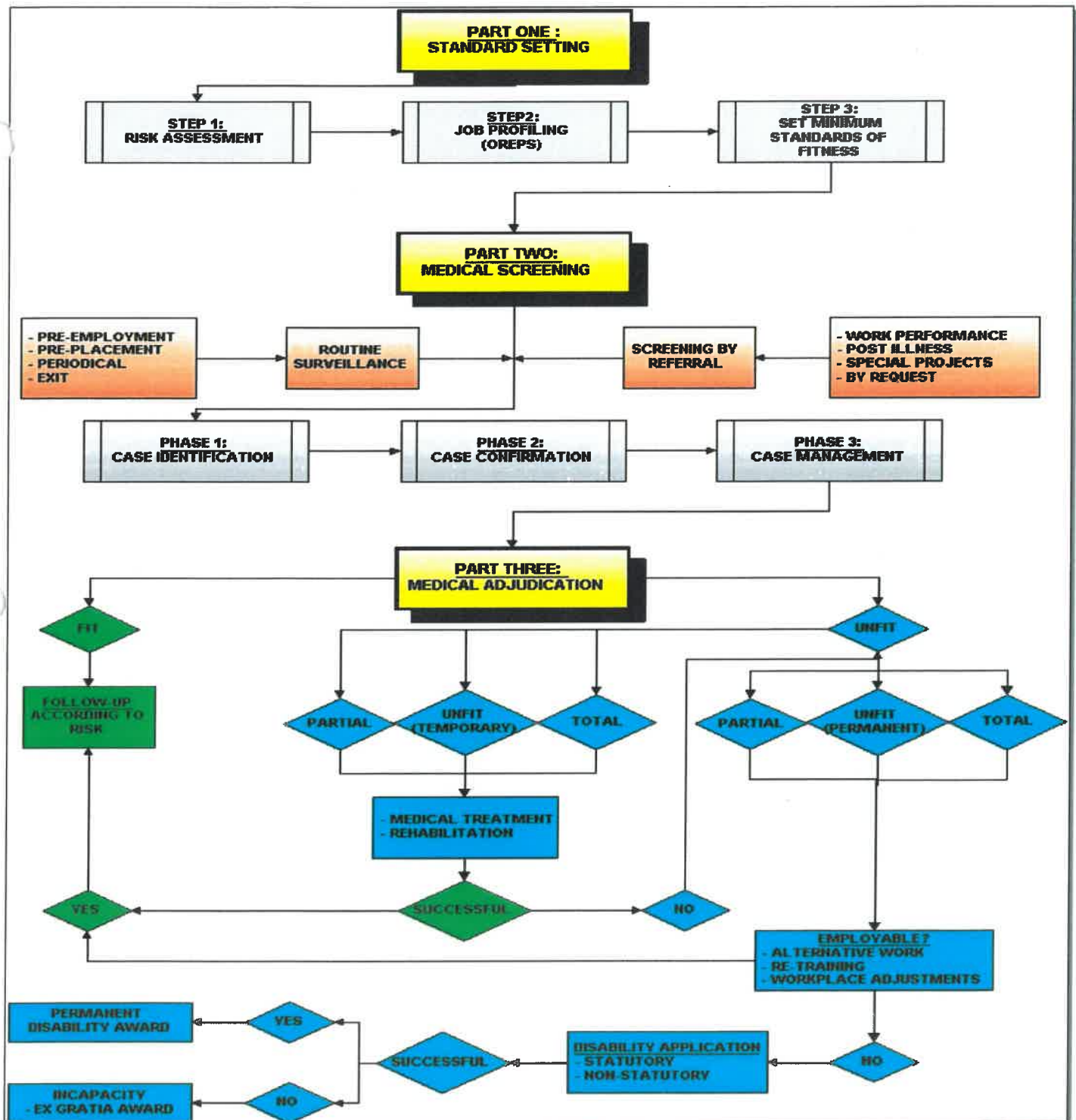
## Process Flow MSP

Document No. MSP/PF/01  
Copy No. 0  
Revision No. 0  
Effective Date. 16 July 2018  
Page. 1 of 1

Subject: **Medical Surveillance Programme**

Prepared by: Occupational Medical Practitioner

Approved: Dr Jaco Folmer



## 5.3.1 HIHRA Process Flow



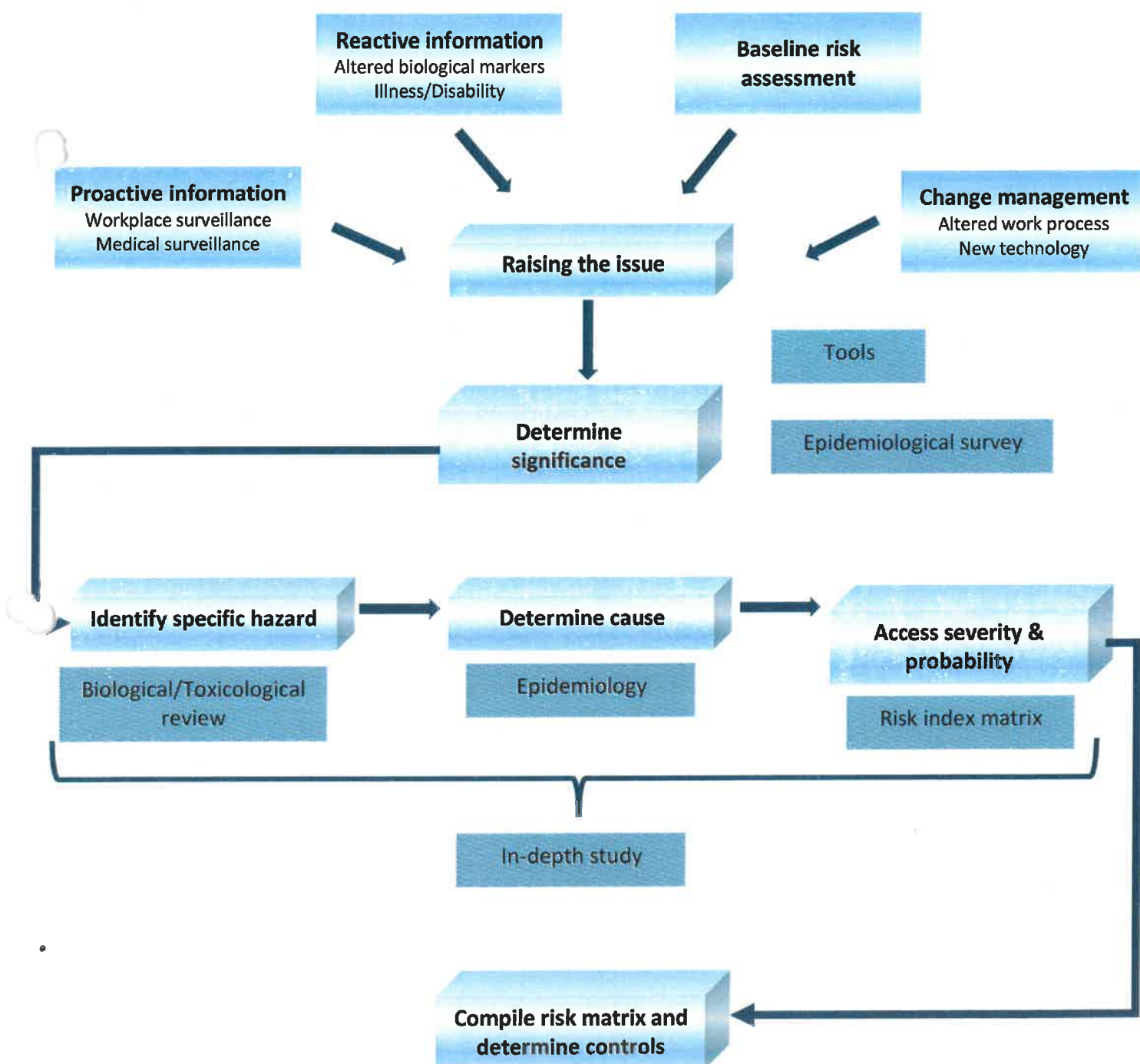
## Process Flow HRA

Document No. HRA/PF/01  
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Effective Date. 16 July 2018  
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Subject: **Hazard Identification and Health Risk Assessment**

Prepared by: Occupational Medical Practitioner

Approved: Dr Jaco Folmer





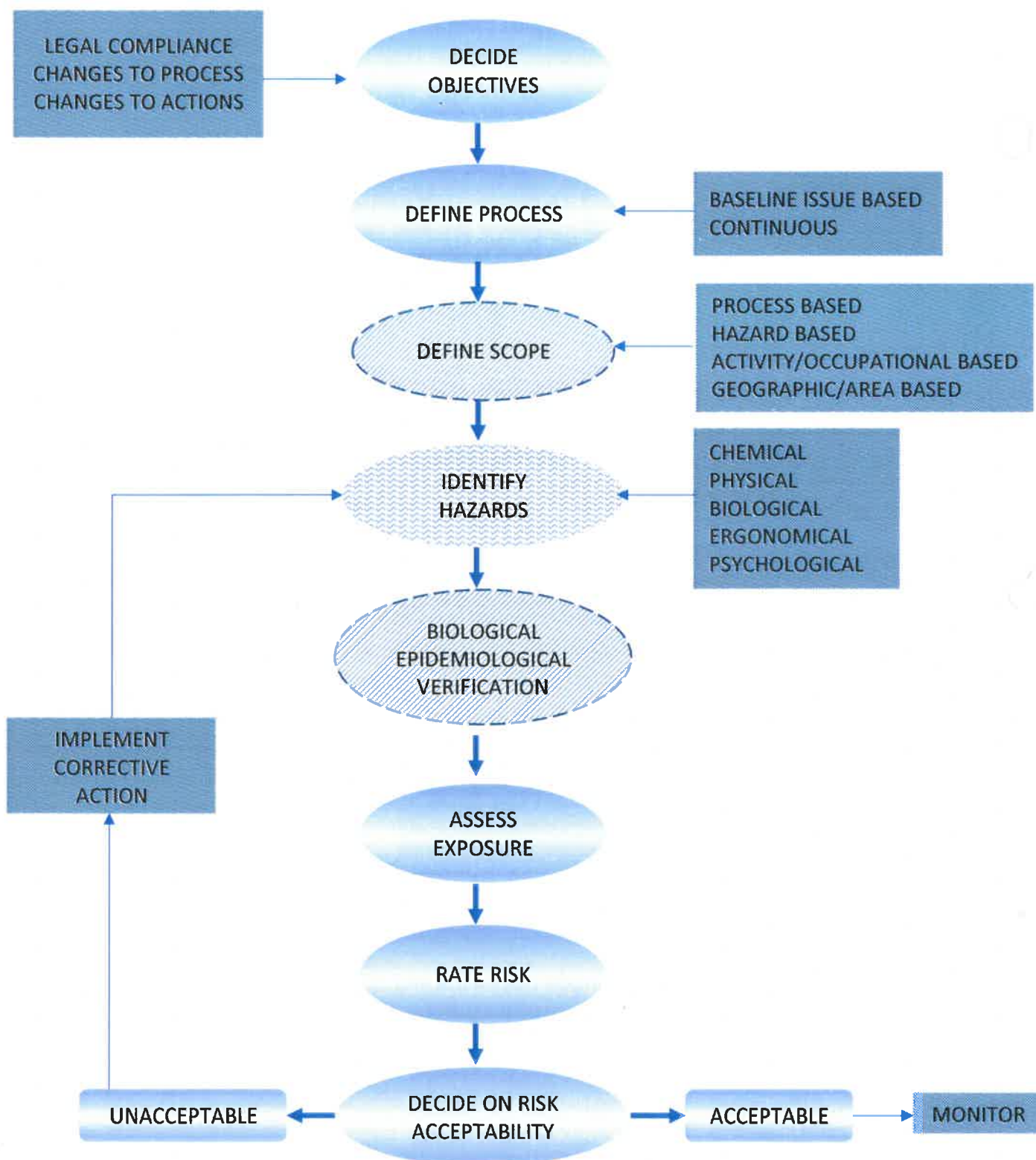
## Process Flow HRA

Document No. HRA/PF/01  
Copy No. 0  
Revision No. 0  
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Subject: **Hazard Identification and Health Risk Assessment**

Prepared by: Occupational Medical Practitioner

Approved: Dr Jaco Folmer





## 5.3.2 HIHRA Sample Report

	<b>HIHRA</b>	
	<b>Company</b>	<b>Company X</b>
	<b>By</b>	Dr J Folmer / Sr M Mostert
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# Hazard Identification and Health Risk Assessment Report

## Company X

<b>Client</b>	Company X
<b>Address</b>	Address
<b>Date of assessment</b>	13 February 2019
<b>Report compiled by</b>	Dr Jaco Folmer, MBChB, ADOH Occupational Medical Practitioner
<b>Report date</b>	27 February 2019

### CONFIDENTIAL

The information contained in this report and any attachments thereto is confidential and/or privileged information and is solely for perusal by the intended party only.

### STATEMENT OF LIMITATION

Every endeavour has been undertaken by the author of this report to ensure that the information is accurate and true. The report has been compiled with the usage of information, materials, processes and techniques derived from sources believed to be reliable and current. However, it should not be assumed that all possible and applicable findings are included in this report.

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	<b>Company</b>	<b>Company X</b>
	<b>By</b>	Dr J Folmer / Sr M Mostert
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## 1. BACKGROUND

An Occupational Health Risk Assessment (OHRA) is the structured and systematic approach to the analysis of workplace hazards. This includes:

- the identification of the potential hazards
- the evaluation of an employee's extent of exposure and the health effects due to exposure
- establishing the need for, and effectiveness of, control measures and medical monitoring programmes

The OHRA will result in the drafting of an occupational medical surveillance programmes. An OHRA is thus an integral part of a company's Health Risk Management approach.

A hazard is defined as the inherent characteristic to cause harm to a person or property and is a constant. Risk is defined as the probability of the hazard to cause harm and fluctuates according to the conditions of work and the exposure levels to the hazard. It is the risk that determines the actions to be taken, and not the hazard.

## 2. OBJECTIVE OF THE ASSESSMENT

The objective of this occupational health risk assessment is to identify potential health hazards and to quantify the risk associated with these hazards, and to draw up a medical surveillance matrix for our client, prior to the start of a planned medical surveillance programme.

## 3. PROCESS

A walkthrough with assessment of the workplace was performed on 13 February 2019. At the time of the walkthrough, the workplace was not operational, due to load-shedding. Discussions were also held with senior personnel of the operations regarding current health, PPE, processes, injuries on duty, etc. Hazards were identified and the risk was determined.

## 4. APPLICABLE LEGISLATION AND DOCUMENTS TAKEN INTO CONSIDERATION

- Occupational Health and Safety Act (No 85 of 1993), with related Regulations
- Compensation for Occupational Injuries and Diseases Act (No 130 of 1993)
- The company Occupational Hygiene Risk Assessment (outdated, the company is in the process of procuring a new hygiene risk assessment)

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## 5. RISK RATING

A semi quantitative risk assessment model is used. This involves the use of a matrix based on the probability that a worker is exposed to a hazard, the frequency of the exposure, as well as the consequence of exposure.


Probability (P)		Exposure Frequency (F)		Consequence (C)	
1	Almost impossible	1	Rarely/annually	1	Insignificant
2	Unlikely to occur	2	Monthly	2	Minor / first aid only
3	Could occur	3	Weekly	3	Lost time
4	Has occurred before	4	Daily	4	Permanent disability
5	Regularly occurs	5	Full shift	5	Death

The total risk (T) is then determined as follows:

$$\text{Total Risk (T)} = \text{Probability (P)} \times \text{Frequency (F)} \times \text{Consequence (C)}$$

The total risk relating to the hazard is then quantified as follows:

Total score	Risk	Description
3 – 5	Low	Acceptable risk, requires monitoring
6 – 10	Medium	Acceptable risk with corrective action
11 – 15	High	Risk requires urgent action

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## 6. Company X

Company X is a healthcare waste treatment facility that treats and disposes healthcare risk waste, including laboratory waste, infectious non-anatomical waste, sharps waste and sanitary generated by healthcare professionals, healthcare facilities and other non-healthcare professionals.

Off-site steps in the process includes:

- Segregation of the waste at the client facility in containers
- Collection of hazardous waste
- Handling and transport

On-site steps in the process includes:

- Receiving of the healthcare waste
- Non-incinerator methods of treatment, including:
  - Shredding of the waste
  - Compacting the waste
  - Sterilisation of the waste with heat
- Loading and transport to land fill sites

## 7. LIMITATIONS

The following limitations with the OHRA are acknowledged:

- This is a high level Occupational Health Risk Assessment, based on interviews with senior personnel, as well as a walk through assessment of the plant and logistics area. Every occupational health risk assessment following this one will progressively address the identified hazards and risks
- The major occupational health hazards were identified and rated, but there might be amendments to this document as additional information comes available from other sources, e.g. hygiene surveys, the results of medical surveillance performed, injury on duty data, etc.
- On the day of assessment, the plant was not operational due to load shedding
- The report focuses on the occupational health aspects of the working environment. The occupational safety aspects are not addressed in detail, and mechanical hazards are only assessed where possible risk to the employee's health were noted
- Changes in processes or layout of the plant may affect the findings of this assessment




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## 8. HEALTH RISK ASSESSMENT

### 8.1. Receiving area

Area	Receiving	Process	Receiving and processing of waste brought by road transport
<b>General</b>	Plastic waste bins, cardboard waste boxes and plastic waste containers are downloaded from vehicles. Processing takes place in this area, with removal of bags from containers and stacking plastic bags on trolleys. Wet waste is frozen and transported to a different facility for processing. Pathological waste (e.g. body tissue) is not treated at the facility Waste containers are also stacked on large trolleys for moving through the area. Area is cleaned daily and once a week with a chemical cleaner SABS swab testing is done quarterly, with monthly internal swab testing for biological agents.		
	Physical	Noise	Noise in the area is below the OEL of 85dB(A). An updated hygiene survey is planned, as the current one is dated. Plant not operational on the day of assessment due to load shedding
		Illumination	Illumination is adequate according to the current hygiene survey. An updated hygiene survey is planned, as the current one is dated. Load shedding on the day of assessment
		Ventilation	Adequate, large receiving bay doors
		Temperature	No extremes of temperature
Chemical		Various	Full chemical assessment to be done based on SDS's. No significant risks identified on preliminary assessment
Biological		Blood borne pathogens	See OHRA table below
		Respiratory pathogens	See OHRA table below
Ergonomical		Postures and tasks	See OHRA table below (taking into consideration that the plant was not operational on the day of assessment)
Psycho-social		Shift work	Day shift (7am to 3pm): Employees stay the same Night shift employees rotate between 3pm to 11pm, and 11pm until 7am. Work 6 days a week, change shifts the following week
Mechanical		Unsafe actions / conditions	Plant not fully operational on the day of assessment due to load shedding See OHRA table below

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Receiving									
Hazard identification and classification		Health effect	Exposure / OEL	Risk rating				Medical surveillance and risk mitigation	Comments
H	Description			P	E	C	Total		
B	Blood borne pathogens: Hepatitis B From sharp injuries	Acute liver illness Chronic disease with liver impairment Liver cancer	N/a	5	5	4	14	Immunisation against Hepatitis B Routine medical surveillance PPE including gloves	A formal Hepatitis B policy is advised, with laboratory confirmed immunity for all employees potentially exposed
B	Blood borne pathogens: HIV From sharp injuries	Chronic disease with chronic medication	N/a	3	5	4	12	Routine medical surveillance PPE including gloves	A formal HIV and AIDS policy is advised, indicating the steps to be taken following exposure
B	Blood borne pathogens Splash injuries from wet waste	Hepatitis B and HIV as described above	N/a	2	4	4	10	Routine medical surveillance PPE including safety glasses	
B	Biological inhalable pathogens: From infectious material and laboratory waste	Depends on pathogen, e.g. Klebsiella, Pseudomonas, Tuberculosis	N/a	2	4	3	9	Routine medical surveillance PPE including FFP 2 face masks currently	
E	Lifting and throwing of bags removed from containers	Back strain, muscle strain	N/a	3	3	2	8	Routine medical surveillance	Ergonomic education on safe lifting and body postures
E	Pushing and pulling of trolleys	Back strain, muscle strain	N/a	3	3	2	8	Routine medical surveillance	Ergonomic education on safe lifting and body postures
S	Shift work	Abnormal sleeping patterns, altered eating habits, medication use, fatigue	N/a	2	3	1	6	Shift work questionnaire for employees conducting shift work	Only for employees who do shift work
M	Trolleys moving around in area	Possible injuries	N/a	2	4	2	8	Not applicable	Safety training should be ongoing
M	Stacking of containers	Possible injuries	N/a	2	4	2	8	Not applicable	Safety training should be ongoing
M	Injuries with sharp objects	Possible injuries with exposure to infections	N/a	5	4	3	12	Not applicable	Safety training A formal body fluid exposure policy and SOP is advised

Type of hazard: P = Physical, C = Chemical, B = Biological, E = Ergonomics, S = Psycho-social, M = Mechanical

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## 8.2. In-feed area

Area	In-feed area	Process	Processing waste and feeding into shredder
General Summary	Processing takes place in this area, with removal of bags from containers and placing on conveyor that feeds into the shredder		
	Physical	Noise	Noise in the area is at the OEL of 85dB(A). Hearing protection is required, and the area should be a demarcated noise zone, if the updated hygiene survey confirms the findings. Plant not operational on the day of assessment due to load shedding
		Illumination	Illumination is adequate according to the current hygiene survey. An updated hygiene survey is planned, as the current one is dated. Load shedding on the day of assessment
		Ventilation	Adequate
		Temperature	No extremes of temperature
	Chemical	Various	Full chemical assessment to be done based on SDS's. No significant risks identified on preliminary assessment
	Biological	Blood borne pathogens	See OHRA table below
		Respiratory pathogens	See OHRA table below
	Ergonomical	Postures and tasks	See OHRA table below (taking into consideration that the plant was not operational on the day of assessment)
	Psycho-social	Shift work	Day shift (7am to 3pm): Employees stay the same Night shift employees rotate between 3pm to 11pm, and 11pm until 7am. Work 6 days a week, change shifts the following week
	Mechanical	Unsafe actions / conditions	Plant not fully operational on the day of assessment due to load shedding See OHRA table below

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Hazard identification and classification		Health effect	Exposure / OEL	Risk rating				Medical surveillance and risk mitigation	Comments
				P	E	C	Total		
P	Noise	Noise induced hearing loss	At OEL	3	4	4	11	Annual audiology tests, hearing questionnaire PPE including ear plugs with appropriate NRR	The noise levels will be correlated with the new hygiene survey. If still more than 85dB(A), demarcate as noise area
B	Blood borne pathogens: Hepatitis B From sharp injuries	Acute liver illness Chronic disease with liver impairment Liver cancer	N/a	5	5	4	14	Immunisation against Hepatitis B Routine medical surveillance PPE including gloves	A formal Hepatitis B policy is advised, with laboratory confirmed immunity for all employees potentially exposed
B	Blood borne pathogens: HIV From sharp injuries	Chronic disease with chronic medication	N/a	3	5	4	12	Routine medical surveillance PPE including gloves	A formal HIV and AIDS policy is advised, indicating the steps to be taken following exposure
B	Blood borne pathogens Splash injuries from wet waste	Hepatitis B and HIV as described above	N/a	2	4	4	10	Routine medical surveillance PPE including safety glasses	
B	Biological inhalable pathogens: From infectious material and laboratory waste	Depends on pathogen, e.g. Klebsiella, Pseudomonas, Tuberculosis	N/a	2	4	3	9	Routine medical surveillance PPE including FFP 2 face masks currently	
E	Lifting of bags onto the conveyor belt	Back strain, muscle strain	N/a	3	3	2	8	Routine medical surveillance	Ergonomic education on safe lifting and body postures
S	Shift work	Abnormal sleeping patterns, altered eating habits, medication use, fatigue	N/a	2	3	1	6	Shift work questionnaire for employees conducting shift work	Only for employees who do shift work
M	Stacking of containers	Possible injuries	N/a	2	4	2	8	Not applicable	Safety training
M	Injuries with sharp objects	Possible injuries with exposure to infections	N/a	5	4	3	12	Not applicable	Safety training A formal body fluid exposure policy and SOP is advised

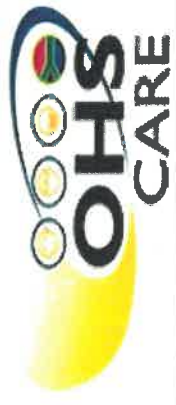
Type of hazard: P = Physical, C = Chemical, B = Biological, E = Ergonomics, S = Psycho-social, M = Mechanical

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### 8.3. Clean area

Area	Clean area		Process	Monitoring of machines, clean containers stacked to dry
<b>General</b>	Machines are monitored from this area, with no exposure to medical waste Cleaned containers are stacked in this area to dry			
<b>Summary</b>	Physical	Noise	Noise in the area is at the OEL of 85dB(A). Hearing protection is required, and the area should be a demarcated noise zone, if the updated hygiene survey confirms the findings. Plant not operational on the day of assessment due to load shedding	
		Illumination	Illumination is adequate according to the current hygiene survey. An updated hygiene survey is planned, as the current one is dated. Load shedding on the day of assessment	
		Ventilation	Adequate	
		Temperature	No extremes of temperature	
	Chemical	Various	<b>Full chemical assessment to be done based on SDS's. No significant risks identified on preliminary assessment</b>	
	Biological	Blood borne pathogens	No significant risk	
		Respiratory pathogens	No significant risk	
	Ergonomical	Postures and tasks	No significant risk (taking into consideration that the plant was not operational on the day of assessment)	
	Psycho-social	Shift work	Day shift (7am to 3pm): Employees stay the same Night shift employees rotate between 3pm to 11pm, and 11pm until 7am. Work 6 days a week, change shifts the following week	
		Unsafe actions / conditions	Plant not fully operational on the day of assessment due to load shedding	




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Clean area									
Hazard identification and classification		Health effect	Exposure / OEL	Risk rating				Medical surveillance and risk mitigation	Comments
H	Description			P	E	C	Total		
P	Noise (when machine is operational)	Noise induced hearing loss	At OEL	3	4	4	11	Annual audiology tests, hearing questionnaire PPE including ear plugs with appropriate NRR	The noise levels will be correlated with the new hygiene survey. If still more than 85dB(A), demarcate as noise area
S	Shift work	Abnormal sleeping patterns, altered eating habits, medication use, fatigue	N/a	2	3	1	6	Shift work questionnaire for employees conducting shift work	Only for employees who do shift work
M	Stacking of containers (not high, all empty)	Possible injuries	N/a	2	4	2	8	Not applicable	Safety training


Type of hazard: P = Physical, C = Chemical, B = Biological, E = Ergonomics, S = Psycho-social, M = Mechanical



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#### 8.4. Isolated dust area

Area	Isolated dust area	Process	Mechanical side of shredder, moving waste to compactor
<b>General</b>	<p>The shredder itself is in this area, as well as the motors driving the shredder</p> <p>Ducts run between the shredder and a funnelling enclosure, which sometimes gets blocked</p> <p>The press (compactor) is in this area, that compacts the shredded waste in a cylinder form to be pushed into the oven, which is next to the clean area</p> <p>The controls for this area is in the clean area, and employees are not permanently placed in this area, only for monitoring, maintenance and problem solving</p> <p>The process is due to change in the next 6 months, and the ducts will no longer be used as is</p>		
<b>Summary</b>	Physical	Noise	Noise in the area is significantly above the OEL (>92 dB(A)). Hearing protection is required, and the area should be a demarcated noise zone, if the updated hygiene survey confirms the findings. Plant not operational on the day of assessment due to load shedding
		Illumination	Illumination is adequate according to the current hygiene survey. An updated hygiene survey is planned, as the current one is dated. Load shedding on the day of assessment
		Ventilation	Adequate
		Temperature	No extremes of temperature (not operational on day of assessment due to load shedding)
	Chemical	Various	Not applicable
	Biological	Blood borne pathogens	Already sterilised material in this area. See OHRA table below
		Respiratory pathogens	Already sterilised material in this area. See OHRA table below
	Ergonomical	Postures and tasks	No significant risk (taking into consideration that the plant was not operational on the day of assessment)
	Psycho-social	Shift work	Day shift (7am to 3pm): Employees stay the same Night shift employees rotate between 3pm to 11pm, and 11pm until 7am. Work 6 days a week, change shifts the following week
	Mechanical	Unsafe actions / conditions	Plant not fully operational on the day of assessment due to load shedding See OHRA table below

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Isolated dust area									
Hazard identification and classification		Health effect	Exposure / OEL	Risk rating				Medical surveillance and risk mitigation	Comments
H	Description			P	E	C	Total		
P	Noise	Noise induced hearing loss	Above OEL	3	4	4	11	Annual audiology tests, hearing questionnaire PPE including ear plugs with appropriate NRR	The noise levels will be correlated with the new hygiene survey. If still more than 85dB(A), demarcate as noise area
B	Blood borne pathogens: Hepatitis B When cleaning ducts, clearing blockages	Acute liver illness Chronic disease with liver impairment Liver cancer	N/a	5	5	4	14	Immunisation against Hepatitis B Routine medical surveillance PPE including gloves	A formal Hepatitis B policy is advised, with laboratory confirmed immunity for all employees potentially exposed
B	Blood borne pathogens: HIV When cleaning ducts, clearing blockages	Chronic disease with chronic medication	N/a	3	5	4	12	Routine medical surveillance PPE including gloves	A formal HIV and AIDS policy is advised, indicating the steps to be taken following exposure
B	Biological inhalable pathogens: From infectious material and laboratory waste	Depends on pathogen, e.g. Klebsiella, Pseudomonas, Tuberculosis	N/a	2	4	3	9	Routine medical surveillance PPE including FFP 2 face masks currently	
S	Shift work	Abnormal sleeping patterns, altered eating habits, medication use, fatigue	N/a	2	3	1	6	Shift work questionnaire for employees conducting shift work	Only for employees who do shift work
M	Confined space entry Working in ducts, ducts are full of shredded medical waste material	Possible injuries	N/a	4	3	4	11	Confined space work assessment	Safety training should be ongoing
M	Working at heights Climbing onto and into ducts on elevated levels	Possible injuries	N/a	4	3	4	11	Working at heights assessment	Safety training should be ongoing Working at heights training and certification
M	Injuries with sharp objects Working in ducts, ducts are full of shredded medical waste material	Possible injuries with exposure to infections	N/a	4	3	3	12	Not applicable	Safety training A formal body fluid exposure policy and SOP is advised

Type of hazard: P = Physical, C = Chemical, B = Biological, E = Ergonomics, S = Psycho-social, M = Mechanical


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## 8.5. Oven area

Area	Oven area	Process	Sterilising shredded and compacted waste in an oven
General	Located in the Clean area to the side Oven can be opened		
Summary	Physical	Noise	Noise in the area is below the OEL of 85dB(A). An updated hygiene survey is planned, as the current one is dated. Plant not operational on the day of assessment due to load shedding
		Illumination	Illumination is adequate according to the current hygiene survey. An updated hygiene survey is planned, as the current one is dated. Load shedding on the day of assessment
		Ventilation	Adequate
		Temperature	Heat from the oven
		Various	Full chemical assessment to be done based on SDS's. No significant risks identified on preliminary assessment
	Chemical	Blood borne pathogens	See OHRA table below
		Respiratory pathogens	See OHRA table below
	Ergonomical	Postures and tasks	No significant risk (taking into consideration that the plant was not operational on the day of assessment)
	Psycho-social	Shift work	Day shift (7am to 3pm): Employees stay the same Night shift employees rotate between 3pm to 11pm, and 11pm until 7am. Work 6 days a week, change shifts the following week
		Unsafe actions / conditions	Plant not fully operational on the day of assessment due to load shedding See OHRA table below

Oven area									
Hazard identification and classification		Health effect	Exposure / OEL	Risk rating				Medical surveillance and risk mitigation	Comments
H	Description			P	E	C	Total		
P	Heat from the oven	Burn wounds	N/a	3	4	2	9	Not applicable	Safety training
B	Blood borne pathogens: Hepatitis B Already shredded and sterilised material	Acute liver illness Chronic disease with liver impairment Liver cancer	N/a	1	4	4	9	Immunisation against Hepatitis B Routine medical surveillance PPE including gloves	A formal Hepatitis B policy is advised, with laboratory confirmed immunity for all employees potentially exposed
B	Blood borne pathogens: HIV Already shredded and sterilised material	Chronic disease with chronic medication	N/a	1	4	4	9	Routine medical surveillance PPE including gloves	A formal HIV and AIDS policy is advised, indicating the steps to be taken following exposure
B	Biological inhalable pathogens: Already shredded and sterilised material	Depends on pathogen, e.g. Klebsiella, Pseudomonas, Tuberculosis	N/a	1	4	3	8	Routine medical surveillance PPE including FFP 2 face masks	
S	Shift work	Abnormal sleeping patterns, altered eating habits, medication use, fatigue	N/a	2	3	1	6	Shift work questionnaire for employees conducting shift work	Only for employees who do shift work
M	Injuries with sharp objects Shredded material	Possible injuries	N/a	3	4	2	9	Not applicable	Safety training A formal body fluid exposure policy and SOP is advised


Type of hazard: P = Physical, C = Chemical, B = Biological, E = Ergonomics, S = Psycho-social, M = Mechanical

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## 8.6. Workshop area

Area	Workshop area	Process	Maintenance area and general workshop
General	Limited workshop tools and machines in the area Exposures mainly when machines are operated Gas cylinders (O <sub>2</sub> ) for welding		
Summary	Physical	Noise	Hearing protection is required when machines with noise levels above 85 dB(A) are operational. An updated hygiene survey is planned, as the current one is dated. Plant not operational on the day of assessment due to load shedding
		Vibration	Handheld machines may result in vibration. Not assessed as not operational on the day of assessment
		Illumination	Illumination is adequate according to the current hygiene survey. An updated hygiene survey is planned, as the current one is dated. Load shedding on the day of assessment
		Ventilation	Adequate
		Temperature	No extremes of temperature
	Chemical	Various	Full chemical assessment to be done based on SDS's. No significant risks identified on preliminary assessment
	Biological	Blood borne pathogens	Welding chemicals should be assessed
		Respiratory pathogens	No significant risk
	Ergonomical	Postures and tasks	No significant risk
	Psycho-social	Shift work	No significant risk (taking into consideration that the plant was not operational on the day of assessment)
Mechanical	Unsafe actions / conditions		Day shift (7am to 3pm): Employees stay the same Night shift employees rotate between 3pm to 11pm, and 11pm until 7am. Work 6 days a week, change shifts the following week
			Plant not fully operational on the day of assessment due to load shedding See OHRA table below



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Workshop area									
Hazard identification and classification		Health effect	Exposure / OEL	Risk rating			Medical surveillance and risk mitigation	Comments	
H	Description			P	E	C	Total		
P	Noise (when machines are operational)	Noise induced hearing loss	Various	3	3	4	10	Annual audiology tests, hearing questionnaire PPE including ear plugs with appropriate NRR	The noise levels will be correlated with the new hygiene survey. If still more than 85dB(A), demarcate as noise area
C	Welding fumes	Respiratory irritation, exposure to chemicals	Not available	2	3	2	7	Routine medical surveillance Lung function testing, respiratory questionnaires PPE including welding masks	
S	Shift work	Abnormal sleeping patterns, altered eating habits, medication use, fatigue	N/a	2	3	1	6	Shift work questionnaire for employees conducting shift work	Only for employees who do shift work
M	Injuries with objects	Possible injuries	N/a	3	3	3	9	Not applicable	Safety training


Type of hazard: P = Physical, C = Chemical, B = Biological, E = Ergonomics, S = Psycho-social, M = Mechanical



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		Company	Company X
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### 8.7. Logistics department (separate geographical location)

Area	Logistics		Process	Various processes
<b>General</b>	"Warehouse" function where containers are stored, assembled, dispatched Includes all drivers and collectors of medical waste from various sites			
<b>Summary</b>	Physical	Noise	Noise in the area is below the OEL of 85dB(A). An updated hygiene survey is planned, as the current one is dated. Plant not operational on the day of assessment due to load shedding	An updated hygiene survey is planned, as the current one is dated. Plant not operational on the day of assessment due to load shedding
		Illumination	Illumination is adequate according to the current hygiene survey. An updated hygiene survey is planned, as the current one is dated. Load shedding on the day of assessment	
		Ventilation	Adequate	
		Temperature	No extremes of temperature	
		Various	No significant risks identified on assessment	
	Chemical	Blood borne pathogens	See OHRA table below	
		Respiratory pathogens	See OHRA table below	
	Ergonomical	Postures and tasks	See OHRA table below	
	Psycho-social	Shift work	Not applicable	
	Mechanical	Unsafe actions / conditions	No significant risks identified on assessment	

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Logistics									
Hazard identification and classification		Exposure / OEL	Health effect	Risk rating				Medical surveillance and risk mitigation	Comments
H	Description			P	E	C	Total		
B	Blood borne pathogens: Hepatitis B From sharp injuries	N/a	Acute liver illness Chronic disease with liver impairment Liver cancer	2	4	4	10	Immunisation against Hepatitis B Routine medical surveillance PPE including gloves	A formal Hepatitis B policy is advised, with laboratory confirmed immunity for all employees potentially exposed
B	Blood borne pathogens: HIV From sharp injuries	N/a	Chronic disease with chronic medication	2	4	4	10	Routine medical surveillance PPE including gloves	A formal HIV and AIDS policy is advised, indicating the steps to be taken following exposure
B	Blood borne pathogens Splash injuries from wet waste	N/a	Hepatitis B and HIV as described above	1	2	4	7	Routine medical surveillance PPE including safety glasses	
B	Biological inhalable pathogens: From infectious material and laboratory waste	N/a	Depends on pathogen, e.g. Klebsiella, Pseudomonas, Tuberculosis	1	4	3	9	Routine medical surveillance PPE including FFP 2 face masks currently	
E	Carrying of containers	N/a	Back strain, muscle strain	2	3	2	7	Routine medical surveillance	Ergonomic education on safe lifting and body postures
M	Working at heights Climbing on ladders to reach top containers	N/a	Possible injuries	2	3	2	7	Working at heights assessment	Safety training should be ongoing

Type of hazard: P = Physical, C = Chemical, B = Biological, E = Ergonomics, S = Psycho-social, M = Mechanical


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## 9. SUMMARY RISK MAP

The following is a summary colour risk map of the various areas

Area	Noise	Illumination	Ventilation	Temperature (Heat)	Chemicals	Blood (sharps): Hepatitis B	Blood (sharps): HIV	Blood (splash)	Inhalable pathogens	Ergonomical	Shift work	Mechanical	Confined spaces	Working at heights
Receiving area	Low	Low	Low	Low	Low	High	High	Medium	Medium	Medium	Low	High	N/a	N/a
In-feed area	High	Low	Low	Low	Low	High	High	Medium	Medium	Medium	Low	High	N/a	N/a
Clean area	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	N/a	N/a
Isolated dust area	High	Low	Low	Low	Low	High	High	Low	Medium	Low	Low	High	High	High
Oven area	Low	Low	Low	Medium	Low	Medium	Medium	Low	Medium	Low	Low	Low	N/a	N/a
Workshop area	Medium	Low	Low	Low	Medium	Low	Low	Low	Low	Low	Low	Low	N/a	N/a
Logistics	Low	Low	Low	Low	Low	Medium	Medium	Medium	Medium	Medium	N/a	Low	N/a	Medium

Low	Medium	High
-----	--------	------

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## 10. DISCUSSION

A walk-through assessment with health and safety personnel as well as the plant manager was conducted. The plant was not operational at the time of the assessment due to load shedding, which may affect the assessment of some of the risks.

### 10.1. Physical hazards

The main physical hazard is noise, which is predominantly in the in-feed area, the clean area when the machines are operational and the isolated dust area, which is occasionally entered per day. The new hygiene survey will provide additional information pertaining to the noise levels and may result in changes to this assessment.

Temperature hazards in the oven area is mainly mitigated by working procedures, and is not considered a major hazard.

### 10.2. Chemical hazards

No significant chemical risks were identified during the preliminary assessment of chemicals used. A full chemical assessment can be done, based on SDS information, if required. Welding chemicals should be assessed by an occupational hygienist, as exposure to welding fumes might occur.

### 10.3. Biological hazards


The nature of Company X's business unit is such that biological hazards are a significant risk. The risk is however mitigated by various measures, including PPE, immunisations and medical surveillance, as well as safety training.

A formal Hepatitis B policy is advised (if not already in place), which should address the immunisation of all potentially exposed employees, with laboratory confirmation of immunity.

A formal standard operating procedure for exposure to blood and body fluids is advised (if not already in place), indicating the steps in preventing exposure, as well as the steps to be taken following exposure.

Airborne pathological hazards are mitigated with an FFP 2 face mask, which is unlikely to prevent all potential pathogens, and the use of an FFP face 3 mask should be considered.

Splash injuries should be prevented by safety measures, as well as the use of safety goggles.

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#### **10.4. Ergonomical hazards**

Ergonomical hazards are mainly due to the handling of containers and the contents thereof, and can be mitigated by ergonomic education on safe lifting and body postures.

#### **10.5. Psycho-social hazards**


The employees in the plant are in two groups, one which does not work night shifts (day shift from 7am to 3pm), and another group that works night shift (rotating between 3pm to 11pm, and 11pm until 7am). Shifts are worked for 6 days per week and then changed.

Shift work can result in abnormal sleeping patterns, altered eating habits, difficulty with medication use, fatigue, etc. A shift workers questionnaire should be completed during medical surveillance on employees working shifts to ensure that they do not suffer from ill effects of the shift work.

#### **10.6. Mechanical hazards**

There is a high risk for injuries due to sharp objects in the receiving, in-feed area and isolated dust area. The isolated dust area injury risk is mainly when employees are unblocking the ducts and have to work in confined spaces. These are also the areas where the waste material has not been sterilised and the risk for exposure to biological hazards are large.

Additional mechanical risks include working in confined spaces in the isolated dust area, as well as working at heights in the isolated dust area. Training for working at heights should be provided to employees, and medical surveillance should make specific provision for these employees.

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## 11. PROPOSED MEDICAL SURVEILLANCE MATRIX

INITIAL MEDICAL EXAMINATION																
Job Category	Medical examination										Hep B *		Questionnaires			
	Initial	History	Physical exam	Urine Dipstick	Audiometry	Lung function	Snellen eye test	Titmus far vision	Glucose test	Working at heights	Hep B vaccination	Hep B blood tests	Hearing	Respiratory	Shift work (if applicable)	Confined spaces
Plant workers																
→ Who enter the plant and who's main tasks are in the plant	X	X	X	X	X	X	X				X	X	X	X	o	
→ Who additionally work on heights	X	X	X	X	X	X	X			X	X	X	X	X	o	
→ Who additionally work in confined spaces	X	X	X	X	X	X	X				X	X	X	X	o	X
→ Who performs welding	X	X	X	X	X	X	X				X	X	X	X	o	
Logistics																
→ Drivers and driver assistants	X	X	X	X	X	X	X	X	X		X	X	X	X		
Administrative personnel																
→ Who occasionally enters the plant	X	X	X	X	X	X	X				X	X	X	X		
→ Who never enters the plant	X	X	X	X	X	X	X						X	X		


X = Required, o = If applicable, \* see Section 11 for the proposed Hep B programme



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PERIODIC MEDICAL EXAMINATION																
Job Category	Medical examination										Hep B *		Questionnaires			
	Frequency	History	Physical exam	Urine Dipstick	Audiometry	Lung function	Snellen eye test	Titmus far vision	Glucose test	Working at heights	Hep B vaccination	Hep B blood tests	Hearing	Respiratory	Shift work (if applicable)	Confined spaces
Plant workers																
→ Who enter the plant and who's main tasks are in the plant	12	X	X	X	X	X	X	X					o	o	o	
→ Who additionally work on heights	12	X	X	X	X	X	X			X			o	o	o	
→ Who additionally work in confined spaces	12	X	X	X	X	X	X						o	o	o	X
→ Who performs welding	12	X	X	X	X	X	X						o	X	o	
Logistics																
→ Drivers and driver assistants	12	X	X	X	X	X	X	X	X				o	o		
Administrative personnel																
→ Who occasionally enters the plant	12	X	X	X	X	X	X						o	o		
→ Who never enters the plant	36	X	X	X			X									

X = Required, o = If applicable, \* see Section 11 for the proposed Hep B programme

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EXIT MEDICAL EXAMINATION														
Job Category	Medical examination								Hep B *		Questionnaires			
	On exit	History	Physical exam	Urine Dipstick	Audiometry	Lung function	Snellen eye test	Timnus far vision	Glucose test	Working at heights	Hep B vaccination	Hep B blood tests	Hearing	Respiratory
Plant workers														
→ Who enter the plant and who's main tasks are in the plant	X	X	X	X	X	X	X							
→ Who additionally work on heights	X	X	X	X	X	X	X							
→ Who additionally work in confined spaces	X	X	X	X	X	X	X							
→ Who performs welding	X	X	X	X	X	X	X							
Logistics														
→ Drivers and driver assistants	X	X	X	X	X	X	X		X					
Administrative personnel														
→ Who occasionally enters the plant	X	X	X	X	X	X	X							
→ Who never enters the plant	X	X	X	X	o	o	X							

X = Required, o = If applicable, \* see Section 11 for the proposed Hep B programme

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## 12. OHSCARE HEPATITS B PROGRAMME

OHSCare proposes the following Hepatitis B immunisation programme, to ensure cost-effectiveness, while providing sufficient cover:

1. All employees at risk of exposure to Hepatitis B, as identified in the Occupational Health Risk Assessment, should be immunised against Hepatitis B. This includes all employees who work in the plant, even if only at times, and all drivers and assistant drivers from the logistics department
2. The aim is that all employees have laboratory confirmed Hepatitis B immunity, i.e. anti-HBs (Hepatitis B antibody) results of > 10mIU/ml
3. All employees will be required to sign informed consent before any blood tests are done or any vaccines are administered
4. New employees:
  - a. For those with laboratory confirmed proof of Hepatitis B immunity, no further action is required
  - b. For those who indicate that they had previous Hepatitis B vaccination, but does not have laboratory confirmed proof of Hepatitis B immunity, referral to the laboratory is indicated for a blood test (if confirmed, no further action is required, if not confirmed, vaccinate is indicated)
  - c. For those born after 1996, when Hepatitis B immunisation became compulsory on the national childhood immunisation programme (EPI), but who does not have laboratory confirmed proof of Hepatitis B immunity, referral to the laboratory is indicated for a blood test (if confirmed, no further action is required, if not confirmed, vaccinate is indicated)
  - d. For all other employees, laboratory testing is not indicated or cost effective and the employee should be started on the immunisation schedule
5. The immunisation schedule is at first visit (month 0), then 1 month after the first dose, then 6 months after the first dose (i.e. 5 months after the second dose)
6. Interrupted vaccine schedules should be continued, without restarting the schedule
7. All employees who received a full course of vaccinations should be sent for laboratory confirmation of Hepatitis B immunity two months after the third dose
8. If the laboratory test indicates that an employee's anti-HBs (Hepatitis B antibody) results are less than 10mIU/ml, the three dose regime as explained in point 5 should be repeated, as well as a further test after the completion of the second immunisation schedule (as in point 7)
9. If an employee still does not have immunity after 6 doses, the employee is a non-responder and should be counselled regarding the risks and feasibility of working in a high risk environment
10. Once immunity is documented, no further testing or boosters are required, according to data from the CDC and WHO. Although serological levels will fall over time, immunity is considered lifelong

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### 13. CONTACT DETAILS

Every endeavour has been undertaken by the author of this report to ensure that the information is accurate and true. However, this report may be amended as new information becomes available.

OHSCare will also be available to assist Company X with aspects mentioned in this document, e.g. the compilation of a formal Hepatitis B policy and procedure, exposure to blood and body fluids standard operating procedures, etc.

Please do not hesitate to contact us, should any additional information be required.

Dr Jaco Folmer  
MBChB, ADOH  
Occupational Medical Practitioner

**OHSCare**  
76 Steel Rd  
Spartan  
Kempton Park  
1619  
Tel: 011 394 0369

## 5.4.1 OMP Assist Product Bulletin



# OMP-Assist

## Occupational Health Management Solutions










OMP-Assist is a cloud-based occupational health management solution, designed by occupational medical practitioners active in the field. It is accessible from anywhere, anytime. OMP-Assist is secure, password protected and there are defined roles and responsibilities for each user, ensuring correct access while maintaining medical confidentiality and adhering to access to personal information legislation.

The OMP-Assist solution is customised for your employee occupational health needs. We provide easy access to the certificate of fitness of an employee, with easy management of medical surveillance of your employees, including notifications of medicals that are due or require further management.










## OMP-Assist: The Basics

We capture your data on OMP-Assist for you	
	<p><b>Employee information</b></p> <p>This includes name, surname, ID number, etc. It also includes job title, company number, start date with the company, department, site, etc.</p>
	<p><b>Fitness information</b></p> <p>This includes the date of the last medical, the fitness status, restrictions and conditions, next medical date, etc.</p>
	<p><b>Medical information*</b></p> <p>This includes data from audiograms, lung functions, vaccinations, x-rays, chronic conditions, biological monitoring etc.</p> <p><small>* Please note the Medical Confidentiality section on page 4</small></p>
We give dedicated personnel access to OMP-Assist	
	<p>OMP-Assist is a secure cloud-based occupational health management solution, accessible from anywhere, anytime. Stringent measures are in place to ensure medical confidentiality and adhering to access to personal information legislation.</p>
	<p>OMP-Assist is password protected with defined roles and responsibilities for each user, ensuring that dedicated personnel have the correct access to information available.</p>
We help you manage occupational health on OMP-Assist	
	<p>Easily accessible information via our Client Management Console includes fitness status information, the type of medicals performed, the year-to-date compliance with medical surveillance. OMP-Assist is fully searchable by surname, ID, department or site.</p>
	<p>Reports, including employee lists, fitness status reports, next medical examination reports, compliance reports. All reports can be filtered by department, site, fitness status and next medical status</p>
	<p>Access to copies of certificates of fitness</p>
	<p>Access to health information on a variety of topics</p> <p>Access to first aid information on a variety of topics</p>

## OMP-Assist: The Reports

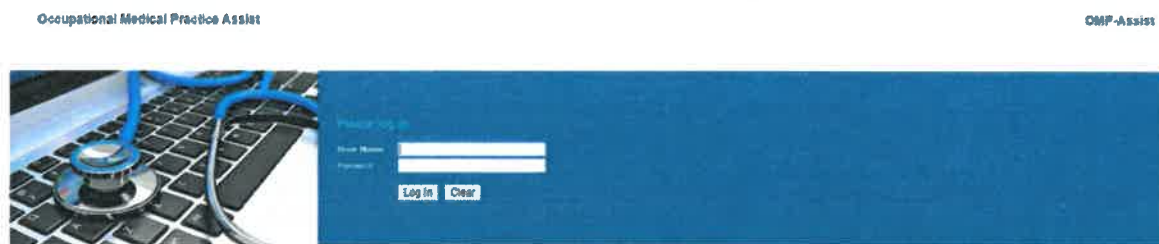
	Fitness status of each employee Easy reporting to see which employees are fit, temporary unfit
	Next medical report Ensures all employee medicals are current (next medical reports, expiring in 60 days, already expired, etc.)
	Monthly compliance reports, indicating the year to date percentage of employees who completed medical surveillance, outstanding, overdue, etc.
	Specialised reports, including Vaccination reports e.g. next dosages, completeness, etc. Hearing conservation reports, with shifts, action plans, etc. Respiratory conservation reports with deteriorations, management, etc.
	Advanced management reports, including Statistical reports on chronic conditions, HIV counselling and testing, data for annual reports

## OMP-Assist: The Additional Services

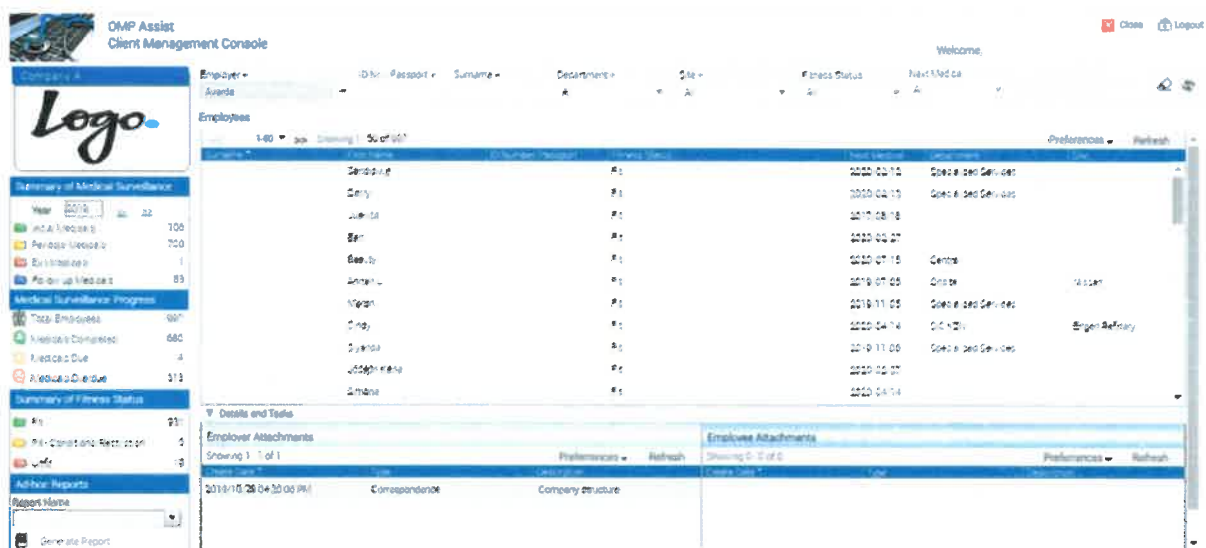
	We can assist with all your injury on duty data, to provide a full record of all applicable documentation, role players, submission dates, feedback, etc. as well as management reports to assist in identifying and addressing problem areas.
	Audit function of your occupational health service provider, ensuring the quality of the medical surveillance (specifically if more than one service provider is used). We also attach copies of all equipment calibration certificates and service provider qualifications are on OMP-Assist for easy access.
	We can compile medical surveillance matrixes per job title, based on the job requirements, exposure, PPE use and legal requirements. This can then be provided to service providers to ensure that the correct medical surveillance is performed.
	Occupational Health consulting services, where we can provide desktop advice on occupational health and medicine topics, as well as to bring you in contact with role-players in the industry.

## OMP-Assist: The System

Screenshot of the log-in page:



Screenshot of Client Management Console:



## OMP-Assist: Contact us

For any additional information or a quotation on services, please contact us at [jacofolmer@omp-assist.co.za](mailto:jacofolmer@omp-assist.co.za)

Dr Jaco Folmer  
MBChB, ADOH

### \* Medical confidentiality

Adherence to medical confidentiality is of the utmost importance to us. OMP-Assist provides employers or designated personnel with access to medical surveillance information of employees, but not to the actual medical files or information. Access is strictly controlled by various means, including password control, as well as assigned access by user-type.

Medical information from medical surveillance can be captured on OMP-Assist, and is done through collaboration between the medical personnel of your service provider and the medical personnel of OMP-Assist. Reporting on medical information will only be done on a group level, and the employer will not be granted access to individual employee information.

	Basic	Assisted	Managed
<b>What we capture for you on OMP-Assist</b>			
Employee information Full names, surname, ID/Passport, date of birth, gender, job title, company number, start date in company, department, site	Yes	Yes	Yes
Medical information Date of last medical, fitness status, restriction and conditions, next medical date	Yes	Yes	Yes
Audiogram, lung function, x-ray data		Yes	Yes
Vaccination data, next vaccinations, immunity status		Yes	Yes
Full medical data, obtained directly from company's own service provider while maintaining confidentiality Medical history, examination, chronic conditions, special investigations, biological monitoring, etc.			Yes
Audit function of company's own medical service provider(s), ensuring quality of medical surveillance			Yes
<b>What we manage for you on OMP-Assist</b>			
Fitness status of each employee Easy reporting to see which employees are fit, temporary unfit	Yes	Yes	Yes
Ensure all employee medicals are current (next medical reports, expiring in 60 days, already expired, etc.)	Yes	Yes	Yes
Monthly compliance reports, indicating the year to date percentage of employees who completed medical surveillance, outstanding, overdue, etc.	Yes	Yes	Yes
Specialised reports, including Vaccination reports indicating next dosages, completeness, etc. Hearing conservation reports, with shifts, action plans, etc. Respiratory conservation reports with deteriorations, management, etc.		Yes	Yes
Advanced management reports, including Statistical reports on chronic conditions, HIV counselling and testing, data for annual reports			Yes
<b>What you can access on OMP-Assist</b>			
Access to our Client Management Console to all identified personnel via a secure, password protected, restricted access portal Access to all non-confidential employee medical surveillance data Fully searchable by surname, ID, department or site Access to copies of certificates of fitness	Yes	Yes	Yes
Access to basic reporting, including employee lists, fitness status reports, next medical examination reports, compliance reports All reports can be filtered by department, site, fitness status and next medical status	Yes	Yes	Yes
Access to injury on duty claim forms and information	Yes	Yes	Yes
Access to health information and first aid information on a variety of topics		Yes	Yes
<b>Additional services available on OMP-Assist</b>			
Injury on duty data Full record of all applicable documentation, role players, submission dates, feedback, etc.			Yes
Medical surveillance matrixes per job title, based on the job requirements, exposure, PPE use and legal requirements	Additional		
Occupational Health consulting services	Additional		

## 5.4.2 OMP Assist Sample Reports



**TEST Construction**  
620 Koichab Street, Erasmuskloof, Pretoria, 0048  
Tel: 012 347 8845



**Employees with Chronic Medical Conditions Summary**

**Department: All, Site: All**

2019-01-30

TEST Construction					
Employee					
Condition	Suspected	New	Excluded	Controlled	Uncontrolled
Hypertension	0	0	0	1	1
Diabetes	0	0	0	0	1
Vision	0	1	0	0	1
Tuberculosis	0	0	1	0	0
RVD	0	0	0	1	0
Asthma	0	0	1	1	0
Psychiatric	0	0	0	1	1
COPD	1	0	0	1	0

Contractor - TEST Mine					
Condition	Suspected	New	Excluded	Controlled	Uncontrolled
Hypertension	1	0	0	0	0

Contractor - TEST General					
Condition	Suspected	New	Excluded	Controlled	Uncontrolled
Diabetes	0	0	1	0	0





**TEST Construction**  
620 Koichab Street, Erasmuskloof, Pretoria, 0048  
Tel: 012 347 8845  
Fax:



### Fitness Status Report

Department: All, Site: All

2019/01/30

Employee							9
Temporary Unfit							
Full Name	ID Number/ Passport	Company Number	Job Title	Date of Medical	Next Medical	Type	Comments
Budanga, Frans T	FFF111		Electrician	2018/05/12		Periodic	
Sekgo, Tshepo M	GGG111		Duct Erector	2018/09/19		Periodic	
Soldier, Sonwabile	HHH111235		Aircon Installer	2018/09/19		Periodic	
Van Deventer, Gavin	ZA12345		Foreman	2018/05/23		Initial	
Time Square Casino							1
Temporary Unfit							1
Full Name	ID Number/ Passport	Company Number	Job Title	Date of Medical	Next Medical	Type	Comments
Tester, Stephens	ABC936506	9701912	Duct Erector	2018/03/07		Periodic	
Building							2
Leonardo							2
Temporary Unfit							2
Full Name	ID Number/ Passport	Company Number	Job Title	Date of Medical	Next Medical	Type	Comments
Matuque, Lino Antonio	PP1234TEST		General Assistant	2018/09/19		Periodic	
Tester, Pieter	ANOTHER1234		General Assistant	2018/09/19		Periodic	
Dept test							2
abc							1
Temporary Unfit							1
Full Name	ID Number/ Passport	Company Number	Job Title	Date of Medical	Next Medical	Type	Comments
Luvuno, Beauty Barbara	3312230211084		Cleaner	2019/01/18		Follow up	Referred and awaiting follow up at Ohscare or send feedback to feedback@ohscare.co.za. Not fit to work until medical condition is well controlled and treated.

Site test2								1
Temporary Unfit								1
Full Name	ID Number/ Passport	Company Number	Job Title	Date of Medical	Next Medical	Type	Comments	
Davids, Joshua	AN123456789	A1245	Drill Technician	2018/09/19		Periodic		

	Total	Temporary Unfit
Total	9	9
Employee	9	9



**TEST Construction**  
620 Koichab Street, Erasmuskloof, Pretoria, 0048  
Tel: 012 347 8845  
Fax:



## Hearing Conservation Programme PLH Report from 2018-01-01 - 2019-01-30

Department: All, Site: All

2019/01/30

Employee												9	
Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening			Assessment			
			Date	PLH	Date	PLH	Date	PLH	Pattern	PLH>10	Shift>3.2	Shift_BL	Shift_J
			2015/05/02	1.1	2018/05/12	13.9	2018/05/12	13.9		YES	YES	12,80	N/A
				0.0		0.0	2018/05/16	1.5		NO	NO	1.50	1,50
				0.0		0.0	2018/03/28	2.5	ENIHL	NO	NO	2,50	2,50
abc												1	
Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening			Assessment			
			Date	PLH	Date	PLH	Date	PLH	Pattern	PLH>10	Shift>3.2	Shift_BL	Shift_J
			2016/06/15	2.5		0.0		0.0		NO	NO	N/A	N/A
Time Square Casino												1	
Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening			Assessment			
			Date	PLH	Date	PLH	Date	PLH	Pattern	PLH>10	Shift>3.2	Shift_BL	Shift_J
			2014/01/17	1.1	2017/04/10	2.0	2018/01/17	8.5		NO	YES	7,40	6,50
Building												3	
Leonardo												2	
Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening			Assessment			
			Date	PLH	Date	PLH	Date	PLH	Pattern	PLH>10	Shift>3.2	Shift_BL	Shift_J
			2017/07/24	1.1		0.0		0.0		NO	NO	N/A	N/A
			2017/07/24	1.1		0.0	2016/07/27	8.5		NO	YES	7,40	7,40
Site test2												1	
Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening			Assessment			
			Date	PLH	Date	PLH	Date	PLH	Pattern	PLH>10	Shift>3.2	Shift_BL	Shift_J
			2016/03/21	5.0	2017/01/10	2.5	2018/05/16	7.2		NO	NO	2,20	4,70
Dept test												1	
abc												1	

## Employee -&gt; Dept test -&gt; abc

Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening		Assessment		
			Date	PLH	Date	PLH	Date	PLH	PLH>10	Shift>3.2	Shift_J
Luvuno, Beauty Barbara	3312230211084	Cleaner	2017/01/19	1.8	2017/07/01	2.5	2018/12/31	22.0	YES	YES	19,50

## Contractor - TEST Mine

test											
2											
Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening		Assessment		
			Date	PLH	Date	PLH	Date	PLH	PLH>10	Shift>3.2	Shift_J
Pienaar, Anton	790428PASSPORT	Sales Rep		0.0	2018/04/17	1.1	2018/06/05	5.1	NO	YES	4,00

## Dept Test

1											
1											
Full Name	ID / Passport	Job Title	Baseline		Initial		Latest Screening		Assessment		
			Date	PLH	Date	PLH	Date	PLH	PLH>10	Shift>3.2	Shift_J
Zulu, Sifiso	8404275642086	Porter	2015/08/31	2.5	2017/09/01	0.2	2018/03/27	7.8	NO	YES	7,60

## 5.5 ISO 9001: 2015 Certificate

# Certificate of Registration

## QUALITY MANAGEMENT SYSTEM - ISO 9001:2015

This is to certify that:

OHS Care cc  
76 Steel Road  
Spartan  
Kempton Park  
Johannesburg  
1620  
South Africa

Holds Certificate No:

**FS 673346**

and operates a Quality Management System which complies with the requirements of ISO 9001:2015 for the following scope:

Occupational health services, on-site clinic management, mobile examinations and screening.

For and on behalf of BSI:



Andrew Launn, EMEA Systems Certification Director

Original Registration Date: 2017-09-08

Latest Revision Date: 2020-09-16

Effective Date: 2020-09-16

Expiry Date: 2023-09-07

Page: 1 of 1



...making excellence a habit.™



## 6. Medical Team Qualifications and Professional Registration

### 6.1. Occupational Medical Practitioner

6.1.1. Dr Zama Khanyile

6.1.2. Dr Jaco Folmer

### 6.2. Occupational Health Nurse Practitioner

6.2.1. Sr Buyelwa Denti

6.2.2. Sr Melody Swart

### 6.3 Spirometry Technician

6.3.1. Elmon Ngwamba

6.3.2. Cynthia Msibi

### 6.4. Audiometry Technician

6.4.1. Kedisaletse Chuene

6.4.2. Idah Tshinale

### 6.5. Vision Screener

6.5.1. Demishka Govender



## 6.1. Occupational Medical Practitioner

6.1.1. Dr Zama Khanyile

6.1.2. Dr Jaco Folmer

## 6.1.1. Dr Zama Khanyile

## CURRICULUM VITAE: DR ZT KHANYILE

### PERSONAL DETAILS

<b>Name and Surname</b>	Dr. Zamangwane Truth Khanyile-Kunene
<b>Nationality</b>	South African
<b>Address</b>	P.O. Box 59, Southdowns, 0123
<b>Gender</b>	Female
<b>Contact</b>	083 274 3368(Mobile)

### Introducing Dr. Z.T. Khanyile-Kunene

Dr. Khanyile is a qualified Occupational Health Medicine Practitioner with an Advanced Post -Graduate Diploma in Occupational Health and Medicine (Free State), a Diploma in HIV Management (College of Medicine in South Africa) and a Masters of Public Health in Occupational and Environmental health (University of Pretoria).

I have over 23 years of experience in the medical field practiced in the public health sector, private practice, occupational health, travel medicine and sessional academia at the University of Pretoria.

I have practiced as an Occupational Medicine Practitioner in the last 10 years focusing on disease prevention and employee wellness in the world of work. This area of work interest and initiatives includes but not limited to:

- Provision of Occupational Health and safety at the workplace
- Designing and implementation of wellness programs including HIV workplace management and raising awareness about hazards in the workplace
- Legal advice, on implementation and compliance with Health and safety legislation.
- Hazard identification and risk assessment
- Hazard awareness talks
- Designing risk based medical surveillance programs
- Incapacity and disability management programs
- Designing programs and provision of primary healthcare
- Organisational reporting and advisory to management on matters relating to occupational health
- Policy formulation and review

Other certificates and skills include:

- Travel medicine
- Absenteeism management
- ISO Quality Systems
- Legal compliance

## WORK EXPERIENCE

### PRIMARY HEALTH MEDICINE & WELLNESS

KwaZulu-Natal Department of Health	Medical Officer	1995 - 1996
Private Practice	General Practitioner	1996 - 2004
Eastern Cape Department of Health	Chief Medical Officer (Wellness Clinic)	2004 - 2007

#### Key Responsibilities:

1. Primary health care (PHC) is an essential part of health care and its main principles are equity, health promotion and disease prevention
2. Development of strategic systems – HIV Management & Introduction of Wellness Clinic at the Provincial Hospital
3. Coaching, guiding and mentoring the medical personnel on the management of HIV/ AIDS related illnesses

### OCCUPATIONAL HEALTH MEDICINE

COMPANY	Position Health	Period
Afrox Health Care	Occupational Health Medical Officer	1999
Nampak - Divpak	Occupational Health Medical Officer	1999
Dunlop Tyres	Occupational Health Medical Officer	1999
Transnet (NPA – Point Clinic)	Occupational Health Medical Officer	Jan 2000 – May 2004
Metro Rail (Durban)	Occupational Health Medical Officer	Jun 2003 – Mar 2004
South African Airways Technical	Occupational Health Medical Officer	Sep 2007 – To date

#### Key Responsibilities:

1. Responsibility for company medical centre operations
2. Medical center medicine dispensing responsible person
3. Primary health care management
4. Travel Medicine
5. Management of the Employee Assistance Programs
6. Incapacity, Absenteeism & Sick leave management
7. Medical surveillance & Biological monitoring program management.
8. Management and control of HIV/AIDS/TB in the workplace
9. Health care & education and promotion
10. Advise on policy development and recommendations as required by law
11. Risk assessments
12. Training on Hazards in the Workplace
13. Member of the Safety & Health Committee
14. Responsible person for the Ill –Health Committee
15. Reporting and advisory to the Management Executive Committee on Occupational Health related matters

### **PROFESSIONAL BODIES**

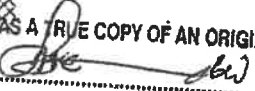
- o Health Professionals Council of South Africa (HPCSA)
- o Medical Protection Society (MPS)
- o South African Society of Occupational Medical Practitioners (SASOM)
- o SAMSA
- o SA HIV Clinicians Society

## REFERENCES

1.     Name                         :  
       Designation               :  
       Address                   :  
       Cell. No.                 :  
                                      +27724362705 (kuku.voyi@up.ac.za)
2.     Name                         :  
       Designation               :  
       Institution               :  
       Cell no.                  :  
                                      +2782 8800961 (muzimkhulu.zungu@nioh.nhls.ac.za)
3.     Name                         :  
       Designation               :  
       Institution               :  
       Cell no.                  :  
                                      +2773 6750042 (musazwane@flysaa.com)
4.     Name                         :  
       Designation               :  
       Institution               :  
       Cell No.                  :  
                                      +2783 250 2908 (arson.malola@gmail.com)



CERTIFIED AS A TRUE COPY OF AN ORIGINAL DOCUMENT BY:

Signature:   
Ms Koekie Mbeki  
Attorney of the High Court of the Republic of South Africa  
Senior Manager: Legal  
Room 1, Ground Floor: Avionics Building  
SAA Technical (SOC) LTD  
Airways Park, O.R. Tambo International Airport  
Jones Road, KEMPTON PARK



16/02/2018

MEDICAL UNIVERSITY OF SOUTHERN AFRICA

WE HEREBY CERTIFY THAT

Zamangwane T Khanyile

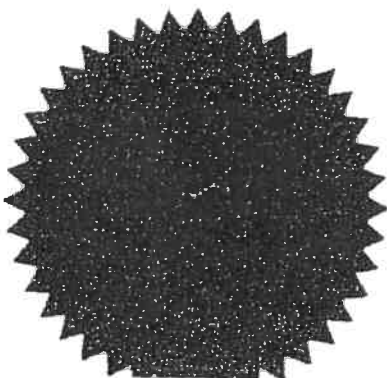
WAS AWARDED THE DEGREE OF

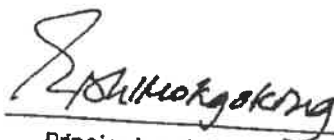
Bachelor of Medicine and

Bachelor of Surgery

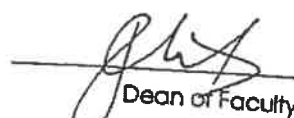
AT A CONGREGATION OF THE UNIVERSITY ON

20 May 1995





Principal and Vice-Chancellor



Dean of Faculty



# CERTIFICATE



advantage a.c.t.

CERTIFIED AS A TRUE COPY OF AN ORIGINAL DOCUMENT BY:

Signature: *[Signature]*  
 Ms Koekie Mbeki  
 Attorney of the High Court of the Republic of South Africa  
 Senior Manager: Legal  
 Room 1, Ground Floor: Avionics Building  
 SAA Technical (SOC) LTD  
 Airways Park, O.R. Tambo International Airport  
 Jones Road, KEMPTON PARK

16/02/2018



## OHSAS 18001 AND ISO 14001 IMPLEMENTATION COURSE

This is to certify that

**Z T KHANYILE**

ID number

**670331 0212 082**

Has attended the course  
And has been found competent

Credits

2

Notional hours

20

Certificate number

14/11/09/170

Date of issue

18/11/2009

Facilitator

C FOUCHE

Managing Director

*[Signature]*  
C FOUCHE



CERTIFIED AS A TRUE COPY OF AN ORIGINAL DOCUMENT BY:

Signature: *[Signature]*  
Ms Koekie Mbeki  
Attorney of the High Court of the Republic of South Africa  
Senior Manager: Legal  
Room 1, Ground Floor: Avionics Building  
SAA Technical (SOC) LTD  
Airways Park, O.R. Tambo International Airport  
Jones Road, KEMPTON PARK

16/02/2018

# The Colleges of Medicine of South Africa

We declare

Zama Ngwane Truth Khanyile

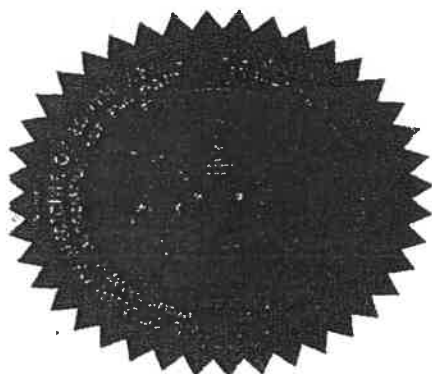
by reason of academic and professional attainments

a

Diplomate in HIV Management

of

The College of Family Practitioners of South Africa



*[Signature]*

President

*[Signature]*

Chairman, Examinations and Credentials Committee

*[Signature]*

Member of Senate

19 October 2006

Date

04713/13

# THIS IS TO CERTIFY THAT

CERTIFIED AS A TRUE COPY OF AN ORIGINAL DOCUMENT BY **DR. Z.T. KHANYILE**

Signature: 

Ms Koekie Mbeki

Attorney of the High Court of the Republic of South Africa

Senior Manager: Legal

Room 1, Ground Floor: Avionics Building

SAA Technical (SOC) LTD

Airways Park, O.R. Tambo International Airport

Jones Road, KEMPTON PARK

ID NUMBER

**6703310212082**

HAS ATTENDED

**LEGAL LIABILITY WORKSHOP FOR MANAGERS**

ON

**13 JUNE 2013**

DEALING WITH

*Capita Selecta* Occupational Health and Safety Act, Act 85 of 1993; S8 Employer responsibilities towards employees; S9 Employer responsibility towards other persons; S13 Duty to inform; S16 CEO responsibilities; S37(1) Vicarious Liability; S37(2) Contractor management, labour brokers and temporary employment services; S38 Liability; *Capita Selecta* National Environment Management Act, Act 107 of 1998; S2 Environmental Management Principles; S28 Duty of Care; S34 Criminal Proceedings; NEMA as the umbrella legislation.

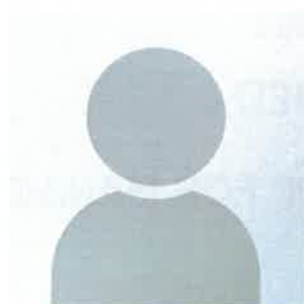
  
MANAGING DIRECTOR

**2020/06/29**

Registration confirmation for: **DR. ZAMANGWANE TRUTH KHANYILE**

This document is up to date and accurate at the date of printing above, and serves as proof of HPCSA Registration for the period indicated below.

For full verification of the practitioner's current registration status, please scan the QR code using a standard QR scanner application on a mobile device, and be sure to be linked to the internet at the time.



ID number: **6703310212082**  
HPCSA number: **MP 0434655**  
Term: **1 Apr 2020 - 31 Mar 2021**

Registration(s)	Category(s)	Specialities / Sub-Specialities
MEDICAL PRACTITIONER	INDEPENDENT PRACTICE (MEDICAL PRACTITIONER)	





SASOM National Office  
P O Box 32  
Silverton  
0127

Tel: +27 (0) 87 288 0893  
[info@sasom.org](mailto:info@sasom.org)  
[www.sasom.org](http://www.sasom.org)

Affiliate association - not for gain.  
South African Medical Association  
Reg.No.05600136/08

## INVOICE FOR SASOM MEMBERSHIP SUBSCRIPTION FOR 2021

**TAX INVOICE No: SASMEM'21\_140121.01**

**(This serves as an original invoice that can be used for accounting purposes)**

14 January 2021

**Dr ZT Khanyile**  
**(SAS0631.GMP)**  
PO Box 504  
Hammarisdale  
3706

### SASOM Membership Subscription 2021

**TOTAL Amount due: ZAR 1 447.00**

**SASOM Membership subscriptions are due before 26 February 2021 to ensure access to all the Occupational Health Southern Africa Journals for 2021**

**\*\*\*SASOM IS NOT REGISTERED AS A VAT VENDOR**  
**SASOM is an Affiliate Association of the Medical Association of S.A.**  
**Not for gain. Reg. No 05600136/08**

---

#### SASOM banking details:

Bank: Standard Bank, Menlyn      Branch Code: 012345  
Current Account Number: 42-083-618-7      Account name: SASOM

Please fax or email a clear, referenced (your name) proof of payment to [info@sasom.org](mailto:info@sasom.org)

---





## 6.1.2. Dr Jaco Folmer

*Curriculum Vitae*  
**DR JACO FOLMER**

**Summary**

Occupational Medical Practitioner currently working independently, with experience in general occupational health, industry and mining, travel medicine, as well as incapacity and disability medicine.

**Personal data**

Name:	Jaco
Surname:	Folmer
Nationality:	South African
Identity number:	750116 5010 083
Date of birth:	16 January 1975
Gender:	Male
Residential address:	620 Koichab Street Erasmuskloof Ext 3 Pretoria
Postal address:	PO Box 11205 Erasmuskloof 0048
Contact number:	+27 82 415 4132
Facsimile number:	+27 86 613 0713
Email:	<a href="mailto:jacofolmer@gmail.com">jacofolmer@gmail.com</a>
Languages:	English, Afrikaans
Health:	Excellent

### **Secondary education**

1993                      Matriculated  
Hoërskool President, Johannesburg

### **Tertiary education**

2007 – 2008              Advanced University Diploma in Occupational Health  
Completed with distinction  
University of the Free State

1994 – 1999              M.B.Ch.B  
University of the Orange Free State

### **Courses**

September 2014          Advanced Cases Course, American Medical Association Guides to the  
Evaluation of Permanent Impairment Course

June – July 2014        Evaluation of Permanent Medical Impairment Rating Course  
Foundation for Professional Development

September 2013        American Medical Association Guides to the Evaluation of Permanent  
Impairment Course  
American College of Disability Medicine

May 2006                Certificate of Competence: Travel Medicine  
University of the Witwatersrand

May 2003                HIV/AIDS Management Course  
Foundation for Professional Development

February 2002          Advanced Cardiac Life Support

August 2000            Advanced Trauma Life Support

Numerous CPD courses, including Dispensing Course (FPD - 2006), Practice Pathology  
Course (FPD - 2005), Malaria Management Course (FPD - 2007) and others

### **Professional Associations, Societies and Registrations**

Health Professions Council of South Africa  
Medical Protection Society  
HIV/AIDS Clinicians Society  
South African Society of Travel Medicine  
South African Society of Occupational Medicine

Department of Health: Registered Yellow Fever Licence  
Department of Health: Registered Dispensing Licence

## Work experience

Date	Position	Institution	Key areas
2015 – present	Occupational medical practitioner	Various construction industries, including WBHO, Aveng, Edwin Construction, and others	Occupational health, legal compliance, policy and procedures
2015 – present	Occupational medical practitioner	Various industries, including Festive Chickens (Astral Foods), Sun International, York Timer and others	Occupational health, legal compliance, policy and procedures
2012 – present	Occupational medical practitioner	Various mines, including Donkerhoek, Letaba Crushers, Pegmin, Wearne, Kambuku and others	Legal appointment at various mines, including opencast aggregate, lime, clay, pegmatite and feldspar mines, ensuring all aspects of occupational health, legal compliance and corporate governance requirements
2008 – present	Principal Medical Assessor	Thandile Health Risk Management	Disability and incapacity assessments and management, sick leave management, occupational health, also involved with training and management
2007 – 2008	Medical Director	Netcare Travel Clinics	Travel medicine, occupational health, health audits at various projects in Africa, pre-and post-deployment medical assessments. Management functions
2004 – 2005	Medical Adviser	Various, including Access Health, Life Occupational Health Care	Employee Health and Wellness, Occupational Health
2003 – 2007	Family physician	Private practice	General medical work
2002 – 2003	Resident doctor	Sun City Complex	General medical work, occupational health
2001 – 2002	Medical officer	Bernice Samual Hospital, Delmas	Clinical hospital duties
2000	Intern	Frere Hospital, East London	Rotations through all clinical departments

## Client references

All the following references are of current clients. Additional references available on request.

Industry	Contact person	Contact telephone	Contact email
Mining	Ms Thelma Jooste Donkerhoek Mine Operations manager	083 442 7585	<a href="mailto:thelma@brikkor.co.za">thelma@brikkor.co.za</a>
Mining	Mr Herrens Visser Kambuku Mine Mine manager	082 575 9159	<a href="mailto:Herrensv680@gmail.com">Herrensv680@gmail.com</a>
Mining	Mr John Burchell Strowan Mine Mine manager	083 256 6526	<a href="mailto:johnb@matsopa.co.za">johnb@matsopa.co.za</a>
Mining	Mr Bernard Potgieter Pegmin Mine Chief financial officer	082 411 6576	<a href="mailto:bernard@micronized.com">bernard@micronized.com</a>
Industry	Ms Ayesha Hussain Kaelo Xelux Regional Manager	071 150 2591	<a href="mailto:ayesha@kx.co.za">ayesha@kx.co.za</a>
Industry	Ms Louise Woodburn Aveng SHE Manager	011 779 2800	<a href="mailto:LWoodburn@grinaker-tla.co.za">LWoodburn@grinaker-tla.co.za</a>
Industry	Ms Nadine Pienaar Thandile Health Risk Management Chief operating officer	084 561 1641	<a href="mailto:pienaar@thandile.co.za">pienaar@thandile.co.za</a>

DIE UNIVERSITEIT  
VAN DIE ORANJE-  
VRYSTAAT



THE UNIVERSITY  
OF THE ORANGE  
FREE STATE

HIERMEE WORD VERKLAAR DAT DIE GRAAD THIS IS TO CERTIFY THAT THE DEGREE

**Baccalaureus in Geneeskunde  
en Baccalaureus in Chirurgie  
Bachelor of Medicine  
and Bachelor of Surgery**

TOEGEKEN IS AAN  
HAS BEEN CONFERRED UPON

**JACO FOLMER**

NADAT AAN DIE STATUTE EN REGULASIES VAN IN ACCORDANCE WITH THE STATUTES AND  
DIE UNIVERSITEIT VOLDOEN IS, AS BEWYS REGULATIONS OF THE UNIVERSITY. AS  
DAARVAN PLAAS ONS ONS ONDERSEKE WITNESS OUR RESPECTIVE SIGNA-  
HANDTEKENINGE EN DIE SEËL VAN DIE TURES AND THE SEAL OF THE  
UNIVERSITEIT HIERONDER. UNIVERSITY BELOW.



*A-J boetger*  
VICE-CHANCELLOR

*W. J. J. J.*  
DEKANUS

*M. J. J.*  
REKTOER  
1999-11-25





UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Student no: 14190062  
Our ref: Ms Karin Fortune  
Tel: 012 356 3055

2020-02-25

This is to certify that

**Jaco Folmer**

complied with all the requirements for the certificate/diploma/degree

**Master of Science Clinical Epidemiology**

on 2019-12-15

The qualification will be awarded/conferred at a graduation ceremony to be held

on 2020-05-08

A handwritten signature in blue ink, appearing to read 'Karin Fortune'.

**for DEAN**  
Faculty of Health Sciences



IT IS HEREBY CERTIFIED THAT

***Dr J Folmer***

---

ATTENDED THE

***Short Course In The Evaluation of Permanent  
Medical Impairment Rating***

**27/6/2014 - 8/7/2014**



HEAD: TRAINING



HEAD: QUALITY ASSURANCE



---

**LICENCE TO DISPENSE**

**LICENCE NUMBER: GP04601D-0**

**COMMENCEMENT DATE: 2017/07/01**

---

**NAME: Dr J Folmer  
MP05245891**

**Is authorised in terms of Section 22C(1)(a) of the  
Medicines and Related Substances Control Act, 1965  
(Act 101 of 1965) as amended to dispense medicines  
on his/her own prescriptions according to prescribed  
conditions located at the following premises:**

**Locum: Gauteng**

**CONDITION: For use only at premises where  
permanent dispensing licence exists.**

**The licence holder shall comply with the conditions  
listed in Regulation 18(8) of the above Act.**

*for* **DIRECTOR-GENERAL:** 

**APPROVED DATE:** 04/07/2017

UNIVERSITEIT  
VAN DIE  
VRYSTAAT



UNIVERSITY  
OF THE  
FREE STATE

HIERMEE WORD VERKLAAR DAT DIE THIS IS TO CERTIFY THAT THE

**Gevorderde Universiteitsdiploma in  
Beroepsgesondheid  
Advanced University Diploma in  
Occupational Health**

TOEGEKEN IS AAN  
HAS BEEN CONFERRED UPON

**FOLMER, Jaco**

**MET LOF  
WITH DISTINCTION**

NADAT AAN DIE STATUTE EN REGULASIES VAN DIE UNIVERSITEIT VOLDOEN IS, AS BEWYS DAARVAN PLAAS ONS ONS ONDERSKEIE HANDTEKENINGE EN DIE SEËL VAN DIE UNIVERSITEIT HIERONDER. IN ACCORDANCE WITH THE STATUTES AND REGULATIONS OF THE UNIVERSITY, AS WITNESS OUR RESPECTIVE SIGNATURES AND THE SEAL OF THE UNIVERSITY BELOW.

WAARNEMENDE VISEKANSELIER/  
ACTING VICE-CHANCELLOR



DEKAAN/DEAN

REGISTRATEUR/REGISTRAR

BLOEMFONTEIN  
2009-04-24  
1994156022



*American College Of Dis/Ability Medicine  
AND  
American Board Of Independent Medical Examiners*



Certifies that

*Jaco Palmer, M.D., Ph.D.*

has completed 8 hours of continuing education in the study of the  
*AMA Guides to the Evaluation of Permanent Impairment, 6<sup>th</sup> ed.*

Held in Johannesburg, South Africa  
September 14, 2013

This program is approved for 8 hours educational credit towards ABIME's Credentialing & Recertification

*Mohammed I. Ranavava M.D., M.S.*

Course Director

Mohammed I. Ranavava, M.D., M.S., J.D., FFOM, FRCPI, CIME  
President, ABIME,  
Professor and Chief, Div. of Occupational and Disability Medicine  
Marshall University, Joan C. Edwards School of Medicine



*Robert B. Walker, M.D.*

Robert B. Walker, M.D., MS, CIME  
President, American College of Disability Medicine  
Professor Emeritus, Family & Community Medicine  
Joan C. Edwards School of Medicine  
Marshall University, WV



**2020/03/28**

Registration confirmation for: **DR. JACO FOLMER**

This document is up to date and accurate at the date of printing above, and serves as proof of HPCSA Registration for the period indicated below.

For full verification of the practitioner's current registration status, please scan the QR code using a standard QR scanner application on a mobile device, and be sure to be linked to the internet at the time.



ID number: **7501165010083**  
HPCSA number: **MP 0524891**  
Term: **1 Apr 2020 - 31 Mar 2021**

Registration(s)	Category(s)	Specialities / Sub-Specialities
MEDICAL PRACTITIONER	INDEPENDENT PRACTICE (MEDICAL PRACTITIONER)	



**Dr Jaco Folmer**  
**Client references**

<b>Client Reference #1</b>	
<b>Company Name</b>	<b>Thandile Health Risk Management</b>
<b>Contact Person</b>	<b>Ms Nadine Pienaar</b>
<b>Title</b>	<b>Chief Operating Officer</b>
<b>Contact Number</b>	<b>012 341 1223 (pienaar@thandile.co.za)</b>
<b>Address</b>	<b>Pretoria</b>
<b>Service Rendered</b>	<b>Disability and incapacity assessment services to government employees, protocol development, management</b>
<b>Period/Years of Service</b>	<b>Since 2008</b>
<b>Client Reference #2</b>	
<b>Company Name</b>	<b>Brikkor, t/a Donkerhoek Quarry</b>
<b>Contact Person</b>	<b>Ms Thelma Jooste</b>
<b>Title</b>	<b>Operations manager</b>
<b>Contact Number</b>	<b>083 442 7585 (thelma@brikkor.co.za)</b>
<b>Address</b>	<b>Donkerhoek, Pretoria</b>
<b>Service Rendered</b>	<b>Occupational health services to the mine, including all health related policies, examinations, legislative and compliance requirements</b>
<b>Period/Years of Service</b>	<b>Since 2013</b>
<b>Client Reference #3</b>	
<b>Company Name</b>	<b>Festive Chickens</b>
<b>Contact Person</b>	<b>Sr Marianne Schutte</b>
<b>Title</b>	<b>Clinic Manager</b>
<b>Contact Number</b>	<b>083 653 9730</b>
<b>Address</b>	<b>Olifantsfontein, Ekurhuleni</b>
<b>Service Rendered</b>	<b>Occupational Health, policy and procedure writing, protocol development for 2000+ employees</b>
<b>Period/Years of Service</b>	<b>Since 2015</b>

**Other companies include:**

<b>Company Name</b>	<b>Services provided</b>	<b>Period of service</b>
<b>Cornwall Hill College</b>	<b>Driver medicals on all employees transporting children</b>	<b>Since 2012</b>
<b>Kambuku Mine</b>	<b>Occupational health services to the mine</b>	<b>Since 2013</b>
<b>Strowan Mine</b>	<b>Occupational health services to the mine</b>	<b>Since 2013</b>
<b>Ndebele Mining Company</b>	<b>Occupational health services to the mine</b>	<b>Since 2012</b>
<b>Pegmin Mine</b>	<b>Occupational health services to the mine</b>	<b>Since 2013</b>
<b>Letaba Crushers</b>	<b>Occupational health services to the mine</b>	<b>Since 2013</b>
<b>Wearne Bethlehem</b>	<b>Occupational health services to the mine</b>	<b>Since 2013</b>
<b>Bethlehem Sand en Klip</b>	<b>Occupational health services to the mine</b>	<b>Since 2013</b>
<b>Medecex</b>	<b>Driver medical examinations, general occupational health</b>	<b>Since 2008</b>

Further references available on request



**SASOM**  
South African Society  
of Occupational Medicine  
FOUNDED IN 1948

## **CERTIFICATE OF MEMBERSHIP**

### **THE SOUTH AFRICAN SOCIETY OF OCCUPATIONAL MEDICINE**

hereby certifies that

**Dr Jaco Folmer**  
**MP0524891 (HPCSA)**

is an active member of the  
South African Society of Occupational Medicine in 2021

***SASOM Membership Number: SAS0877.OMP***

**GJ Botha**  
**Project Coordinator**  
**SASOM National Office**

**15 January 2021**





## 6.2. Occupational Health Nurse Practitioner

6.2.1. Sr Buyelwa Denti

6.2.2. Sr Melody Swart

## 6.2.1. Sr Buyelwa Denti

## CURRICULUM VITAE

### PERSONAL DETAILS

FIRST NAMES	:Buyelwa Albetina
SURNAME	:Tshobeni-Denti
DATE OF BIRTH	:21 May 1986
ID NO	:8605210548085
MARITAL STATUS	:Married
DEPENDANTS	:Three
GENDER	:Female
NATIONALITY	:South African
LANGUAGE	:English
STATE OF HEALTH	:Excellent
HOME ADDRESS	:6666 Painted Lady Street Amandasig Ext 76 Pretoria 0182
POSTAL ADDRESS	:PO Box 58881 Karenpark 0118
CONTACT NO	:0721446053
EMAIL ADDRESS	:buyelwadenti04@gmail.com
DRIVERS LICENCE	:Code 8
CRIMINAL RECORD	:No

**EDUCATIONAL BACKGROUND**

**HIGH SCHOOL ATTENDED** :Blikana High School

**HIGHEST GRADE** :12

**SUBJECTS** :Xhosa; English; Biology; Mathematics;  
Physical Science and Agricultural Science

**YEAR OBTAINED** :2003

**NAME OF INSTITUTION[1]** :Lilitha Nursing College

**COURSE COMPLETED** :Diploma in General Nursing Science;  
Community Nursing Science;  
Midwifery Nursing Science And  
Psychiatry Nursing Science

**YEAR OBTAINED** :2011

**NAME OF INSTITUTION[2]** :Tshwane University of Technology

**COURSE** :B Tech in Occupational Health Nursing &  
Nursing Administration.

**YEAR OBTAINED** :2016

**SHORT COURSES OBTAINED** :Vision Screening, Spirometry, Audiometry,  
HIV Counselling & Testing, and  
Dispensing Course.I have dispensing licence.

**PREVIOUS EMPLOYMENT[1]**

**INSTITUTION** :Andries Vosloo Hospital



POSITION

:Registered Nurse/Midwife

UNIT

:OPD/Casualty, Surgical ward,  
Medical ward, Paediatric ward, Wellness clinic  
and Maternity ward[includes antenatal, labour &  
delivery, postnatal and gynae.

DUTIES AND RESPONSIBILITIES

:Supervision of staff.  
-Delegation of staff.  
-Manage stock and equipment.  
-Do rounds with the doctors.  
-Carry out doctors orders.  
-Administer medication as prescribed by the  
doctor.  
-Antenatal care.  
-Induction of labour.  
-Management of patient in labour  
-Augmentation of labour.  
-Conduct spontaneous vaginal delivery.  
-Assist the doctor with vacuum extraction and  
forceps delivery.  
-Postnatal care.  
-Resuscitation of newborn.  
-Care of newborn.  
-Inform the doctor about abnormalities.  
-Draw blood from patient  
-Insertion of peripheral line.  
-Pre-operative care.  
-Post operative care.  
-Admission and discharging patients.  
-Record keeping.

DURATION

:February 2011 - January 2014

SHORT COURSE[S]

:Essential Steps in Managing Obstetrics

	Emergencies.
REASON FOR LEAVING	:Relocated to Gauteng
<b><u>PREVIOUS EMPLOYMENT[2]</u></b>	
INSTITUTION	:Dr George Mukhari Academic Hospital
POSITION	:Registered Nurse/Midwife
UNIT	:Labour ward & High Care
DUTIES AND RESPONSIBILITIES	:Delegation of staff. -Supervision of staff. -Manage stock and equipment. -Do rounds with the doctors. -Carry out doctors orders. -Administer medication as prescribed by the doctor. -Antenatal care. -Induction of labour. -Management of patient in labour -Augmentation of labour. -Conduct spontaneous vaginal delivery. -Assist the doctor with vacuum extraction and forceps delivery. -Postnatal care. -Resuscitation of newborn. -Care of newborn. -Inform the doctor about abnormalities. -Take blood samples -Insertion of peripheral line. -Pre & post operative care. -Admission and discharging patients. -Record keeping.
DURATION	:Februarto 2014 - May 2015
SHORT COURSES	:Neonatal resuscitation and Lactation

	Management Course.
REASON FOR LEAVING	:Working conditions
<b><u>PREVIOUS EMPLOYMENT[3]</u></b>	
INSTITUTION	:Muelmed Mediclinic
POSITION	:Registered Nurse/Midwife
UNIT	:Maternity ward [includes Antenatal,Labour & Delivery, Postnatal and Gynae]
DUTIES AND RESPONSIBILITIES	<ul style="list-style-type: none"> <li>:Supervision of staff.</li> <li>-Delegation of staff.</li> <li>-Manage stock and equipment.</li> <li>-Do rounds with the doctors.</li> <li>-Carry out doctors orders.</li> <li>-Administer medication as prescribed by the doctor.</li> <li>-Antenatal care.</li> <li>-Induction of labour.</li> <li>-Management of patient in labour</li> <li>-Augmentation of labour.</li> <li>-Conduct spontaneous vaginal delivery.</li> <li>-Assist the doctor with vacuum extraction and forceps delivery.</li> <li>-Postnatal care.</li> <li>-Resuscitation of newborn.</li> <li>-Care of newborn.</li> <li>-Inform the doctor about abnormalities.</li> <li>-Take blood samples</li> <li>-Insertion of peripheral line.</li> <li>-Pre-operative care.</li> <li>-Post operative care.</li> <li>-Admission and discharging patients.</li> <li>-Record keeping.</li> </ul>
DURATION	:Jun to 2015-March 2018

**SHORT COURSES**

:Pain Management,Essential Steps in Managing  
Obstetrics Emergencies & Complaints Resolution.

**REASON FOR LEAVING**

:Nursing field change.

**PREVIOUS EMPLOYMENT[4]**

**INSTITUTION**

:Momentum OCSA (At Famous Brands & South  
African Breweries)

**POSITION**

:Occupational Health Nurse Practitioner

**DUTIES AND RESPONSIBILITIES**

:Primary Health Care  
-Management of minor ailments.  
-HIV Counselling and Testing.  
-Conduct medical surveillance.  
-Management of injury on duty.  
-Do pregnancy test.  
-Dispensing of medication.  
-Ordering of medication.  
-Management of stock.  
-Check and replenish first aid boxes.  
-Waste management.  
-Draw blood specimens.  
-Risk assessment.  
-Wound care.

**DURATION**

:June 2018 to August 2020

**SHORT COURSE**

:Audiometry refresher course

REASON FOR LEAVING

:Working conditions

PREVIOUS EMPLOYMENT[5]

INSTITUTION

:OHS Care (At Nissan Rosslyn)

POSITION

:Occupational Health Nurse Practitioner

DUTIES AND RESPONSIBILITIES

:Primary Health Care

-Management of minor ailments.

-HIV Counselling and Testing.

-Conduct medical surveillance.

-Management of injury on duty.

-Do pregnancy test.

-Dispensing of medication.

-Ordering of medication.

-Management of stock.

-Check and replenish first aid boxes.

-Waste management

-Risk assessment.

-Wound care.

DURATION

:Oct 2020 until now

SHORT COURSES

:None

REASON FOR LEAVING

:Looking for permanent job

PROFESSIONAL REGISTRATIONS

South African Nursing Council, South African Society of Occupational Health Nursing practitioners and Board of Health Funders.

**REFERENCES**

:Available on request

**STATEMENT OF DECLARATION**

I declare that all the above information is correct.



# **SOUTH AFRICAN NURSING COUNCIL**



## **CERTIFICATE OF REGISTRATION ADDITIONAL QUALIFICATION**

**UNDER THE PROVISIONS OF THE NURSING ACT No. 33 OF 2005  
IT IS HEREBY CERTIFIED THAT THE ADDITIONAL QUALIFICATION**

**THE DIPLOMA IN NURSING ADMINISTRATION  
TSHWANE UNIVERSITY OF TECHNOLOGY, 2016**

**WAS REGISTERED AFTER THE NAME OF  
BUYELWA ALBETINA TSHOBENI-DENTI**

**(IDENTITY No. 8605210548085)**

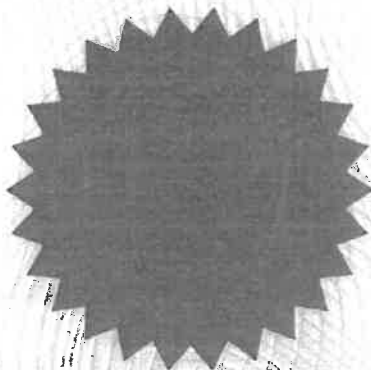
**ON**

**15 DECEMBER 2016**

**GIVEN AT PRETORIA UNDER THE SEAL OF THE COUNCIL.**

**This certificate is issued without any erasure or alteration of any kind and is subject to the above mentioned person's continued registration with the South African Nursing Council.**

**This certificate is proof of registration  
for a period of one year after the date  
of registration and thereafter an annual  
practising certificate, issued upon  
payment of the prescribed annual fee,  
is proof of registration - section 36(2)  
of the Nursing Act, 2005.**



A handwritten signature in black ink, appearing to read "M. M. M. M.", located above the Registrar's name.

**Registrar**

**Certificate Number: 201718256**

**Date Issued: 24 AUGUST 2017**

# **SOUTH AFRICAN NURSING COUNCIL**



## **CERTIFICATE OF REGISTRATION ADDITIONAL QUALIFICATION**

**UNDER THE PROVISIONS OF THE NURSING ACT No. 33 OF 2005  
IT IS HEREBY CERTIFIED THAT THE ADDITIONAL QUALIFICATION**

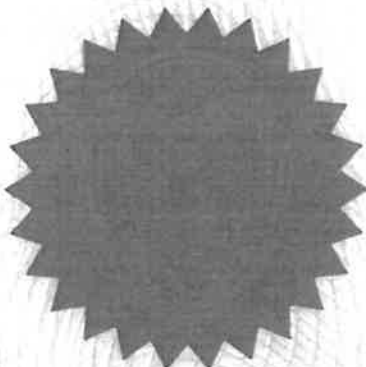
**B.TECH: DEGREE IN NURSING  
TSHWANE UNIVERSITY OF TECHNOLOGY, 2016 - POST BASIC  
OCCUPATIONAL HEALTH NURSING SCIENCE**

**WAS REGISTERED AFTER THE NAME OF  
BUYELWA ALBETINA TSHOBENI-DENTI  
(IDENTITY No. 8605210548085)**

**ON  
15 DECEMBER 2016**

**GIVEN AT PRETORIA UNDER THE SEAL OF THE COUNCIL.**

**This certificate is issued without any erasure or alteration of any kind and is subject to the above mentioned person's continued registration with the South African Nursing Council.**



**This certificate is proof of registration  
for a period of one year after the date  
of registration and thereafter an annual  
practising certificate, issued upon  
payment of the prescribed annual fee,  
is proof of registration - section 36(2)  
of the Nursing Act, 2005.**

  
Registrar

**Certificate Number: 201718255**

**Date Issued: 24 AUGUST 2017**



# **Tshwane University of Technology**

*We empower people*

## **BACCALAUREUS TECHNOLOGIAE**

**NURSING: OCCUPATIONAL HEALTH**

**Awarded to**

**BUYELWA ALBETINA TSHOBENI-DENTI**

**215002900**

**1986-05-21**

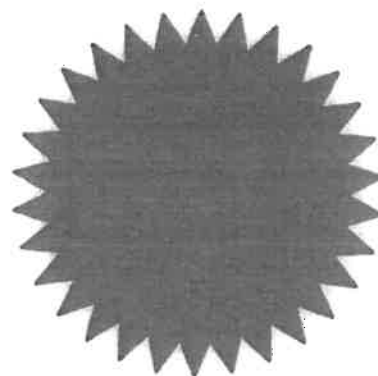
**Having complied with the  
Requirements of the Act and Statute**

**2016-12-15**

**BT40779**

Vice-Chancellor and Principal  
On behalf of Council and Senate

Registrar





**SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY**  
**Department of Pharmacy**

This certificate is issued to

***B.A. Tshobeni-Denti***

(Registration No. 15226277 at SANC)

On successful completion of the

**Course in Dispensing**

Which complies with the approved standard of the

**South African Pharmacy Council**

and allows the holder to apply for a

**Licence in Dispensing**

for Department of Pharmacy  
Sefako Makgatho University

2016 -07- 04

Date:  
Certificate number: DN 10934

DEPARTMENT OF HEALTH  
DEPARTEMENT VAN GESONDHEID



UMNYANGO WEZEMPILO  
LEFAPHA LA MAPHELO

---

LICENCE TO DISPENSE

**LICENCE NUMBER: GP12117D-0**

COMMENCEMENT DATE: 2018/08/01

---

**NAME: Mrs B A Tshobeni-Denti  
SANC15226277**

Is authorised in terms of Section 22C(1)(a) of the  
Medicines and Related Substances Control Act, 1965  
(Act 101 of 1965) as amended to dispense medicines  
on his/her own prescriptions according to prescribed  
conditions located at the following premises:

**Momentum OCSA (Pty) Ltd  
478 James Crescent  
Halfway House  
Midrand  
Gauteng**

The licence holder shall comply with the conditions  
listed in Regulation 18(8) of the above Act.

DIRECTOR-GENERAL: \_\_\_\_\_

A handwritten signature in black ink, appearing to be 'J. M.' or similar, written over a horizontal line.

APPROVED DATE: 08/08/2018

**THE SOUTH AFRICAN SOCIETY OF**



**OCCUPATIONAL HEALTH NURSING  
PRACTITIONERS**

**CERTIFY THAT**

**Buyelwa Albetina Tshobeni-Denti**

**(ID No: 8605210548085)**

*Has been entered onto the register of Audiometrists in terms  
of the Occupational Health and Safety Act, 1993  
(Act No 85 of 1993) as amended 7<sup>th</sup> March 2003*

*For the Period of*

**June 2020 to June 2022**

  
**SASOHN PRESIDENT**

**AR AUDIO3977**

**REGISTRATION NUMBER**



# South African Nursing Council – 2021 Annual Practising Certificate 2021 060620

This person is certified to practise from 2021-01-01 to 2021-12-31 as follows:

--- Registered Categories: NURSE (GENERAL, PSYCHIATRIC & COMMUNITY) AND MIDWIFE  
 --- Additional Qualifications / Registrations: NURSING ADMINISTRATION  
 POST-BASIC OCCUPATIONAL HEALTH NURSING SCIENCE  
 --- End of Categories / Qualifications ---

MRS BA TSHOBENI-DENTI  
 BUYELWA ALBETINA  
 P O BOX 58881  
 KAREN PARK  
 0118



IMPORTANT: Please read notes on back of certificate

Ref. Number	15226277
I.D.	8605210548095
Date issued	2020-10-29
APC No.	2021015690
Fees Paid	R 700,00
Remittance Number	60853-109

Private Bag X132, Pretoria, 0001  
 602 Pretorius Street, Arcadia, 0083  
 Tel. 012 420-1000  
 Fax 012 343-5400  
 E-mail: customerservice@sanc.co.za  
 www.sanc.co.za  
 SANC Fraud Hotline: 0800 20 12 16



FLORAH

This certificate is valid ONLY if printed by computer

SECURITY FEATURES: Please examine certificate carefully for signs of tampering. If held up to the light, you will see a watermark image over the whole sheet. The silver block must show genuine, secure and safe, valid.



## Absa Online: Notice of Payment

09 December 2020

Dear OHSCARE CC

### Subject: Notice Of Payment: Sasohn

Please be advised that you made a payment to Sasohn as indicated below.

Transaction number:	723D564D3F-46
Payment date:	2020-12-09
Payment made from:	OHSCARE CHQ ACC
Payment made to:	Sasohn
Beneficiary bank name:	NEDBANK
Beneficiary account number:	1037034198
Bank branch code:	103710
For the amount of:	870.00
Immediate interbank payment :	N
Reference on beneficiary statement:	SASOHN6615
Additional comments by payer:	-

Please remember that the following apply to Absa Online payments to non-ABSA bank accounts.

- Payments made on weekdays before 15:30 will be credited to the receiving bank account by midnight of the same day but may not be credited to the beneficiary's bank account at the same time.
- Payments made on weekdays after 15:30 will be credited by midnight of the following day.
- Payments made on a Saturday, Sunday or Public holiday will be credited to the account by midnight of the 1st following weekday.

If you need more information or assistance, please call us on 08600 08600 or +27 11 501 5110 (International calls).

If you have made an incorrect internet banking payment, please send an email to [digital@absa.co.za](mailto:digital@absa.co.za)

Yours sincerely

General Manager: Digital Channels

This document is intended for use by the addressee and is privileged and confidential. If the transmission has been misdirected to you, please contact us immediately. Thank you.

## 6.2.2. Sr Melody Swart

# Melody Gwynneth Swart

**Date of birth:** 1977/12/18

**Phone:** 0843847947

**Email:** mldsmt92@gmail.com

**Address:** 182a Jan van Riebeeck Street, Pretoria North, 0182

## EDUCATION

---

2004 - 2005

### **TSWHANE UNIVERSITY OF TECHNOLOGY**

**BACCALAUREUS TECHNOLOGIAE NURSING (OCCUPATIONAL)**

Subjects: Nursing Research I

Occupational Health IV

Nursing Management IV

Occupational Health Nursing IV

1996 - 2000

### **SG LOURENS NURSING COLLEGE**

**THE DIPLOMA IN NURSING SCIENCE AND MIDWIFERY**

## WORK EXPERIENCE

---

2007 - November 2020

### **WORKMED OCCUPATIONAL HEALTH AND SAFETY**

Occupational Health Nurse Manager

#### **Main job functions:**

Manage satellite clinic

Staff management

Part of the decision making team in the company

Report to nursing services manager

Primary health care: consultations, diagnosing and treatment of minor ailments, referral, counselling, monitoring, emergency care, organize ambulance assistance or transport, family planning, health education and monitoring

Occupational Health: medical surveillance, medical examinations and referrals, follow up consultations, liaise with employer and other health care providers, educate employee according to medical findings, report abnormalities and concerns or trends to employer

Administration: compile monthly statistics/reports and yearly reports for clients, keeping patient records, filing, medication and consumables stock control, write SOP's, create and implement job specific documentation as per identified needs

Train new employees and evaluate standard of work of immediate co-worker/s

Ensure equipment stays in good working order, arrange calibration or service when needed.

Assist with quotations and invoicing, and client queries, raise purchase orders

Manage booking system on google calendar for facility activities

COID administration

HIV pre- and post test counselling, (VCT)

Hygiene surveys, first aid boxes check and refill, plan servicing such as fire distinguisher

Housekeeping

Compile an action plan for the Covid-19 pandemic and implement same in the medical facility

**Skills:**

Organizing  
Creative thinking  
Innovative  
Analytical  
Problem solving  
Coordinating  
Interpersonal skills  
Commitment  
Adaptability  
Constructive criticism

June 2020 - October 2020

**WORKMED OCCUPATIONAL HEALTH AND SAFETY**

Occupational Health Services Manager @ Nissan SA

**Main Job Functions:**

Staff management and organization  
Manage daily activities for 3 site Occupational services facilities  
Assist OMP in managing vulnerable employees and conduct risk assessments  
Liaising with multi disciplinary team (counsellor, dr, physio)  
Covid-19 task team member:  
Implementing action plan for Covid-19 as per regulations  
Assist OMP with covid-19 investigations and referrals.  
Inspect workplace for adherence to covid-19 regulations and to identify risk areas, follow reporting channel  
Plan and organize detailed reporting system for covid-19  
Creating systems for proper record keeping  
Daily reporting on covid-19 in management meetings with client  
Ensure processes and procedures are followed  
Attend webinars on covid-19

2006 - 2007

**MEDICROSS SAXBY**

Registered Nurse (dr's rooms)

**Main job functions:**

Assist Dr with surgical procedures  
Drawing blood for laboratory tests, arrange pick up of samples, receiving and filing results, inform dr of results and communicate with clients their results  
Putting up infusions, administering injections, assisting with emergencies  
Stock control: medications and consumables - order, record keeping, stock take  
Sterilizing instruments, keep equipment in good working order, order new stock when necessary  
Spirometry, ECG's (stress and resting)  
Wound care

Delegation of tasks in unit  
Manage nurses budget  
Enforce safety measures for the overall safety of employees and visitors

2001 - 2006

**NETCARE HOSPITALS, AKASIA CLINIC**

Registered Nurse, Surgical Ward

**Main job function:**

Responsible for all nursing functions on my shift and for the team members

Liaise with doctors and other members of the multidisciplinary team, dr.'s rounds and delegations of doctors orders, assure all orders are carried out,

Attending, assist or manage emergencies,

Patient admissions, discharge, record keeping, administering of medication, putting up infusions, inserting of urinary catheters, wound care, basic patient care, writing patient care plans, monitor patient progress, ECG's, assist with in-service training of students, pre- and post operative care of theatre patients, patient education and counselling

## CERTIFICATIONS

---

HIV pre- and post-test counselling

2004	Audiometry
2004	General Health and Safety course (NOSA)
2004	Basic Fire Training
2008	Spirometry
2009	SHE Representative basic training
2013	Dispensing

## SKILLS

---

<b>Language</b>	Afrikaans Home language English - speak, read, write
<b>Computer</b>	Word, Excel, Outlook, Xero, Sortly, Dropbox

## REFERENCES

---

Workmed Health and Safety Management Joy Liebenberg 0827893844





In collaborative agreement with Mignon Van der Westhuizen

This is to certify that

**Elmon M Ngwamba**

**7205255497081**

passed the examination and has been assessed  
against the Spirometry Unit Standard SAQA US  
ID 252125 and has been awarded a

**Certificate of Competency in  
Spirometry Testing**

**25-27 September 2013**

Course Date

Mr J.G.A Van Heerden  
A.C.T.S

Mignon van der Westhuizen  
Clinical Technologist: Pulmonology  
HPCSA: KT 0000264

Certificate No. 04595



I certify that this document is a true copy of the original which was extended by me and that, from my observations, the original has not been altered in any manner.

SIGNATURE

Commissioner of Oaths  
Alberta Wanda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601

Date:

3/3/21  
Tel: 012 967 4770

# South African Nursing Council - 2021 Annual Practising Certificate 2021 223080

This person is permitted to practise from 2021-01-01 to 2021-12-31 as follows:  
NURSE (GENERAL, PSYCHIATRIC & COMMUNITY) AND MIDWIFE  
End of Categories / Qualifications

Ref. Number	14354815
I.D.	7712180001086
Date issued	2021-01-04
APC No.	2021113421
Fees Paid	R 700,00
Remittance Number	60987-054

MRS MG GERRITZEN  
MELODY GWYNNEETH  
182A JAN VAN RIEBEECK STREET  
PRETORIA NORTH  
0182

IMPORTANT: Please read notes on back of certificate

SECURITY FEATURES: Please examine certificate carefully for signs of tampering. If held up to the light, you will see a watermark image over the whole sheet. The silver block must show genuine, secure and safe, valid.



This certificate is valid ONLY if printed by computer

Private Bag X132, Pretoria, 0001  
602 Pretorius Street, Arcadia, 0003  
Tel. 012 420-1000  
Fax 012 343-5400  
E-mail: customerservice@sanc.co.za  
www.sanc.co.za  
SANC Fraud Hotline: 0800 20 12 16



**Tshwane University  
of Technology**

*We empower people*

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*[Signature]*  
SIGNATURE

Commissioner of Oaths  
Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership – 20060601

Date: *3/3/21*  
Tel. 072 967 4770

# **CERTIFICATE OF ACHIEVEMENT**

**This is to certify that**

**MG Smit**

**has successfully completed a**

**SHORT COURSE**

**in**

**INDUSTRIAL AUDIOMETRY**

**at**

**Soshanguve Campus**

HEAD OF DEPARTMENT

COURSE PRESENTER

21 April 2004  
DATE

# Certificate

This is to certify that

**M G SMIT**

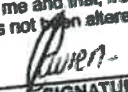
Has attended the

## BASIC SHE REPRESENTATIVE COURSE

Describe the functions of the workplace health and safety representative.

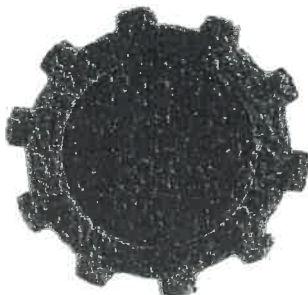
Identity number : 771218 0001 086  
Certificate number : BSHE/09/118  
Date issued : 4 August 2009  
NRLD : 259622

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

  
SIGNATURE  
Commissioner of Oaths  
Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601  
Date: 3/3/21  
Tel: 072 967 4770

  
Training Manager

  
Managing Director







**LICENCE TO DISPENSE**

**LICENCE NUMBER: GP04440D**

**PERIOD OF VALIDITY: 2013/06/01 to 2018/05/31**

**NAME: Mrs M G Gerritzen  
SANC14354815**

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

SIGNATURE

Commissioner of Oaths

Albertus Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601

Date:

3/3/21

Tel/072 967 4770

**Is authorised in terms of Section 22C(1)(a) of the  
Medicines and Related Substances Control Act, 1965  
(Act 101 of 1965) as amended to dispense medicines on  
his/her own prescriptions according to prescribed  
conditions located at the following premises:**

**Workmed Health and Safety Management Systems  
ALC Clinic  
30 Helium Road  
Rosslyn  
Pretoria  
Gauteng**

**The licence holder shall comply with the conditions listed  
in Regulation 18(8) of the above Act.**

**DIRECTOR-GENERAL:**

**APPROVED DATE:**

15/07/2013

# S.G. LOURENS NURSING COLLEGE



I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*Luuren*  
SIGNATURE

Commissioner of Oaths  
Alberta Wanda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601

Date:

3/3/21

Tel: 072 967 4770

It is hereby certified that

**SMIT MELODY GWENNETH**

*successfully completed the programme*  
Diploma in Nursing Science and Midwifery which leads to registration as a Nurse  
(General-, Psychiatric- and Community-) and Midwife

on 31 December 2000

*and that he/she fulfils*

*the training requirements*

*to be awarded the*

*College diploma in co-operation with*

*the University of Pretoria*



CHAIRMAN: COLLEGE COUNCIL

PRINCIPAL

16 March 2001

DATE

REGISTRAR



THE SOUTH AFRICAN  
NURSING COUNCIL



DIE SUID-AFRIKAANSE  
RAAD OP VERPLEGING

## REGISTRASIESERTIFIKAAT CERTIFICATE OF REGISTRATION

INGEVOLGE DIE BEPALINGS VAN WET NO. 50 VAN 1978 IS  
UNDER THE PROVISIONS OF ACT NO. 50 OF 1978

MELODY GWYNNETH SMIT

OP GROND VAN DIE KWALIFIKASIE  
BEING THE HOLDER OF THE QUALIFICATION

THE DIPLOMA IN NURSING SCIENCE AND MIDWIFERY  
S G LOURENS COLLEGE OF NURSING, 2000

OP  
WAS REGISTERED ON

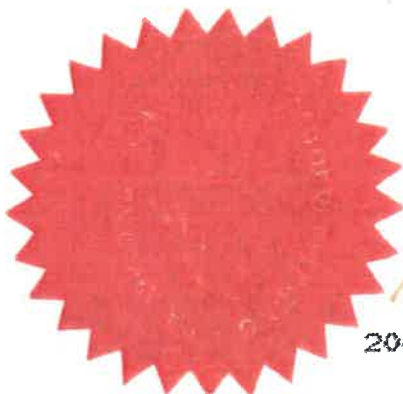
1 JANUARY 2001

GEREGISTREER AS  
AS

NURSE  
(GENERAL, PSYCHIATRIC AND COMMUNITY)

AND MIDWIFE

UITGEREIK TE PRETORIA ONDER DIE SEËL VAN DIE RAAD  
GIVEN AT PRETORIA UNDER THE SEAL OF THE COUNCIL



200108366

REGISTRATEUR  
REGISTRAR

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*Alberta Wanda Jansen van Vuuren*  
SIGNATURE  
Commissioner of Oaths  
Alberta Wanda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060601  
Date: 3/3/21  
Tel: 072 987 4770

The holder of this certificate may practise  
only if currently registered with the SA Nursing  
Council

Die persoon in besit van hierdie  
sertifikaat mag slegs praktiseer indien lopend by  
die SA Raad op Verpleging geregistreer

FIRST AID



FIRST

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*Wuuren*

SIGNATURE

Commissioner of Oaths  
Alberta Wanda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20060001

Date:

3/3/21  
Tel: 012 967 4770

**M. SMIT**

**771218 0001 086**

**Has successfully  
completed the following course**

**FIRST AID LEVEL 1**

**Date issued: 28-07-2007**

**Expiry date: 28-07-2010**

*N. Kuiper*

**Head of Training**

*J. Jansen*

**Training Officer**



# Introduction to Spirometry

*Spirometry Training Making a Difference*

**This serves to certify**

**Mrs. M.G. Smit**

ID. No: 7712180001086

**has successfully completed the above mentioned workshop on the**

**27<sup>th</sup> to 29<sup>th</sup> August 2008**

*M. Grobelaar*

**Mignon van der Westhuizen**

Clinical Technologist: Pulmonology

HPCSA: KT0000264

I certify that this document is a true copy of the original which was examined by me and that, from my observation, the original has not been altered in any manner.

*W. Grobelaar*  
SIGNATURE

Commissioner of Oaths  
Alberta Wanda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20080801

Date: 3/3/21  
Tel: 071 597 4270

**Refresher course 2011**



# MERCFIRE

EXTINGUISHER SERVICES <sup>cc</sup><sub>bk</sub>

*This is to certify that*

M.G. SMIT

*successfully completed the course in*

BASIC FIRE TRAINING

*during*

NOVEMBER 20 04

*Signed at Pretoria on this*

15 day of NOVEMBER 20 04



*[Signature]*  
Operations Manager

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*[Signature]*  
SIGNATURE

Commissioner of Oaths  
Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20080801

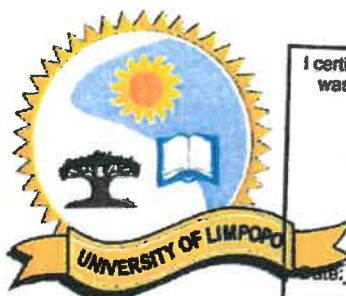
Date:

3/3/21

Tel/ 072 967 4770



# UNIVERSITY OF LIMPOPO



I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*Alberta Wianda Jansen van Vuuren*

SIGNATURE

Commissioner of Oaths

Alberta Wianda Jansen van Vuuren AGA (SA)  
SAICA Membership - 20080601

3/3/21

Tel. 072 967 4770

## Medunsa Campus Department of Pharmacy

This certificate is issued to

**M. Gerritzen**

(Registration No. 14354815 at SANC)

on successful completion of the

**Course in Dispensing**

which complies with the approved standard of the

**South African Pharmacy Council**

and allows the holder to apply for a

**Licence in Dispensing**

Prof. A. G. S. Gous  
Head: Department of Pharmacy

2011-01-05

Date:

Certificate number: DN 6047

Tshwane University  
of Technology

*We empower people*

# BACCALAUREUS TECHNOLOGIAE

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

*[Signature]*

SIGNATURE

Commissioner of Oaths  
Alberta Wanda Jansen van Vuuren AGA (SA)  
SAICA Membership – 20060601

Date:

3/3/21

Tel: 072 987 4770

**NURSING ( OCCUPATIONAL)**

Awarded to

**MELODY GWYNNETH SMIT**

200403930

1977-12-18

Having complied with the  
Requirements of the Act and Statute

2005-12-02

BT7625

*[Signature]*

Vice-Chancellor and Principal  
On behalf of Council and Senate

*[Signature]*

Registrar





## 6.3 Spirometry Technicians

6.3.1. Elmon Ngwamba

6.3.2. Cynthia Msibi

## 6.3.1. Elmon Ngwamba



In collaborative agreement with Mignon Van der Westhuizen

This is to certify that

**Elmon M Ngwamba**

---

**7205255497081**

passed the examination and has been assessed  
against the Spirometry Unit Standard SAQA US  
ID 252125 and has been awarded a

**Certificate of Competency in  
Spirometry Testing**

**25-27 September 2013**

---

Course Date

A handwritten signature in black ink, appearing to read "J.G.A. Van Heerden", written over a horizontal line.

Mr J.G.A Van Heerden  
A.C.T.S

A handwritten signature in black ink, appearing to read "Mignon van der Westhuizen", written over a horizontal line.

Mignon van der Westhuizen  
Clinical Technologist: Pulmonology  
HPCSA: KT 0000264



Certificate No. 04595

## 6.3.2. Cynthia Msibi



In collaborative agreement with Mignon Van der Westhuizen

This is to certify that

**Cynthia A Msibi**

---

**8608290367087**

passed the examination and has been assessed  
against the Spirometry Unit Standard SAQA US  
ID 252125 and has been awarded a

**Certificate of Competency in  
Spirometry Testing**

**19 - 21 November 2014**

---

Course Date

A handwritten signature in black ink, appearing to read "J.G.A. Van Heerden", written over a horizontal line.

Mr J.G.A Van Heerden  
A.C.T.S

A handwritten signature in black ink, appearing to read "Mignon van der Westhuizen", written over a horizontal line.

Mignon van der Westhuizen  
Clinical Technologist: Pulmonology  
HPCSA: KT 0000264

Certificate No. 05405



## 6.4. Audiometry Technicians

6.4.1. Kedisaleetse Chuene

6.4.2. Idah Tshinale



## 6.4.1. Kedisaleetse Chuene

# THE SOUTH AFRICAN SOCIETY OF



## OCCUPATIONAL HEALTH NURSING PRACTITIONERS

CERTIFY THAT

**Kedisaletse Chuene**

(ID No: 8906260788088)

*Has been entered onto the register of Audiometrists in terms  
of the Occupational Health and Safety Act, 1993  
(Act No 85 of 1993) as amended 7th March 2003*

*For the Period of*  
**July 2019 to July 2021**

**SASOHN PRESIDENT**

**AR AUDIO2950**

**REGISTRATION NUMBER**

## 6.4.2. Idah Tshinale

# THE SOUTH AFRICAN SOCIETY OF



## OCCUPATIONAL HEALTH NURSING PRACTITIONERS

CERTIFY THAT

**Ndivhiniswani IdahTshinale**

(ID No: 8711070478080)

*Has been entered onto the register of Audiometrists in terms  
of the Occupational Health and Safety Act, 1993  
(Act No 85 of 1993) as amended 7<sup>th</sup> March 2003*

*For the Period of*

**May 2020 to May 2022**

  
**SASOHN PRESIDENT**

**AR AUDIO4509**  
**REGISTRATION NUMBER**

## 6.5. Vision Screener

### 6.5.1. Demishka Govender

## 6.5.1. Demishka Govender





*This is to certify that*

*Demishka Govender*

---

*9812220416084*

*Has successfully completed a one day course in  
Vision Screening*

*26 July 2018*

---

*Course Date*

Certificate No. 29219

Presenter.

Mr J.G.A. van Heerden

## **7. Trade References**

**7.1. Previous Work Experience**

**7.2. Letters of Recommendation**

## 7.1. Previous Work Experience

Client Reference #1	
Company Name	Nkomati Mine
Contact Person	Lourence Grobler
Title	SHEQ Manager
Contact Number	013 712 8242
Address	Slaaihoek Farm 540JJ, Waterval Boven District
Value (Including VAT)	R1 272 000.00
Service Rendered	Medical Surveillance Examinations with Chest X-Ray, Biological Monitoring and Vaccinations
Period/Years of Service	2003-Present
Client Reference #2	
Company Name	Lafarge Cement
Contact Person	Sr Brenda Mughogho
Title	Occupational Health Manager
Contact Number	T: 011 657 0000 / F: 086 633 8988 / C: 083 656 9132
Email Address	Brenda.mughogho@lafargeholcim.com
Address	Lafarge Industries, Longmeadow, Modderfontein, Johannesburg
Value (Including VAT)	R422 000.00
Service Rendered	Full Medical Examinations with Chest X-Ray
Period/Years of Service	2004-Present
Client Reference #3	
Company Name	Aveng Grinaker LTA
Contact Person	Louise Woodburn
Title	SHE Manager Health and Wellness
Contact Number	T: 011 923 5564 / C: 082 416 0219
Email Address	lwoodburn@grinaker-lta.co.za
Address	Jurgens Street, Corner Jet Park Road, Jet Park, Boksburg, 1459
Value (Including VAT)	R841 371.19
Service Rendered	Occupational health Medical Examinations
Period/Years of Service	2014-Present
Client Reference #4	
Company Name	WBHO
Contact Person	George Kleinsmit
Title	HSE Manager
Contact Number	+27 11 265 4000
Address	Midrand, Gauteng
Value (Including VAT)	R2 050 000.00
Service Rendered	Mobile Occupational Health Medical Examinations and Chest X-Ray
Period/Years of Service	2008-Present
Client Reference #5	
Company Name	National Health Laboratory Service
Contact Person	Sr. Paulinah Letsoalo
Title	Occupational Health Manager
Contact Number	+27 11 712 6449 +27 82 881 7008
Address	Johannesburg, Gauteng
Value (Including VAT)	R403 000.00
Service Rendered	Mobile Chest X-Ray
Period/Years of Service	June 2016-Present

Client Reference #6	
Company Name	Manganese Metal Company
Contact Person	Shirley Mnisi
Title	Transformation Manager
Contact Number	+27 11 759 4671
Address	Nelspruit, Mpumalanga
Value (Including VAT)	R600 000.00
Service Rendered	Occupational and Primary Health Services
Period/Years of Service	September 2015-Present
Client Reference #7	
Company Name	Technicrete ISG
Contact Person	Daniel Sebopa
Title	HSE Manager
Contact Number	+27 11 670 7631 +27 78 456 7150
Address	Main Reef Road, Roodepoort
Value (Including VAT)	R400 000.00
Service Rendered	Medical Screening Services
Period/Years of Service	2007-Present
Client Reference #8	
Company Name	Eden District Municipality
Contact Person	John Barnard
Title	OHS Officer
Contact Number	+27 44 803 1373
Address	George, Oudtshoorn, Plettenberg Bay
Value (Including VAT)	R330 000.00
Service Rendered	Occupational Health Medical Examinations, Chest X-Ray and Vaccinations
Period/Years of Service	May 2016-Present
Client Reference #9	
Company Name	Central Karoo District Municipality
Contact Person	Alicia Lenders
Title	Manager
Contact Number	+27 23 449 1037
Email	<a href="mailto:manager@skdm.co.za">manager@skdm.co.za</a>
Address	63 Donkin Street, Beaufort West
Value (Including VAT)	R91 320.16
Reference Number	E/14/14-15
Service Rendered	Occupational Health Services
Period/Years of Service	01 September 2016-Present

Client Reference #10	
Company Name	Chief Albert Luthuli Municipality
Contact Person	Daniel Sibiya
Title	OHS Manager
Contact Number	+27 17 843 4057 +27 82 810 3173
Email	sibiyads@albertluthuli.gov.za
Address	Carolina, Mpumalanga
Value (Including VAT)	R850 000.00
Service Rendered	Mobile Occupational Health Medical Examinations, Chest X-Ray and Vaccinations
Period/Years of Service	2015-2018 and 2018-2021
Client Reference #11	
Company Name	Mogale City Local Municipality
Contact Person	Themba Dlamini
Title	Specialist Occupational Health and Safety
Contact Number	+27 11 951 2434 +27 83 955 9174
Address	Mogale City, Gauteng
Value (Including VAT)	R350 000.00
Service Rendered	Occupational Health Medical Examinations, Chest X-Ray and Vaccinations
Period/Years of Service	2016-2019
Client Reference #12	
Company Name	Medical Research Council
Contact Person	Thuli Mthiyane
Title	Project Manager – TB Platform
Contact Number	+27 12 339 8507
Address	Pretoria and Cape Town
Value (Including VAT)	R14 000 000.00
Service Rendered	Chest X-Ray Survey for 55 000 participants
Period/Years of Service	June 2017-Present
Client Reference #13	
Company Name	Cape Nature
Contact Person	Ebrahim Hardy
Title	Chief Risk Officer – Corporate Services
Contact Number	+27 21 483 0007
Email	<a href="mailto:ehardy@capenature.co.za">ehardy@capenature.co.za</a>
Address	PGWC Shared Services Centre, cnr Bosduif & Volstuis Streets, Bridgetown, 7764
Value (Including VAT)	R427 638.30
Reference Number	WCNCB 01/06/2016
Service Rendered	Occupational Health Services
Period/Years of Service	01 October 2016-Present



Client Reference #14	
Company Name	City Power
Contact Person	Jacobeth Ramailane
Title	Health and Wellness Manager
Contact Number	+27 11 490 7620
Address	Booysens, Johannesburg
Value (Including VAT)	R800 000.00
Service Rendered	OHNP Services
Period/Years of Service	September 2015-November 2017
Client Reference #15	
Company Name	Greater Taung Local Municipality
Contact Person	Pako Matsime
Title	OHS Manager
Contact Number	+27 53 994 1080 +27 76 011 1592
Address	Municipal Offices, Taung Station, Taung
Value (Including VAT)	R121 521.00
Service Rendered	Medical Surveillance Examinations with Chest X-Ray
Period/Years of Service	2016 and 2017
Client Reference #16	
Company Name	Stellenbosch Municipality
Contact Person	Shiela Hlekwana
Title	OHS Officer
Contact Number	021 808 8054
Address	Town House Complex, Plein Street, Stellenbosch, 7600
Value (Including VAT)	R800 000.00
Service Rendered	Medical Surveillance Programme
Period/Years of Service	08/2015-07/2016
Client Reference #17	
Company Name	Rand Water Mpumalanga
Contact Person	Pretty Zwane
Title	Risk Control Manager
Contact Number	013 750 0399 / 082 809 6056
Address	8 Chief Mgiyeni Khumalo Drive
Value (Including VAT)	R178 192.50
Service Rendered	Occupational Health Medical Examinations
Period/Years of Service	2016-2018
Client Reference #18	
Company Name	Rustenburg Municipality
Contact Person	Lesego David Lesebane
Title	OHS Manager
Contact Number	014 590 3028/30
Address	C/O Beyers Naude & Nelson Mandela Drive
Value (Including VAT)	R199 386.00
Service Rendered	Mobile Occupational Health Full Medical Examinations including Chest X-Ray
Period/Years of Service	09/03/2015-13/03/2015

Client Reference #19	
Company Name	ERWAT
Contact Person	Malindy Mthembu
Title	Occupational Health Nursing Practitioner
Contact Number	011 929 7022 / 082 881 1257
Address	R25, Bapsfontein, Kempton Park
Value (Including VAT)	R320 000.00
Service Rendered	Audio Testing, Chest X-ray and OMP Services
Period/Years of Service	2017-2018 and 2018-2019
Client Reference #20	
Company Name	Western Cape Department Correctional Services
Contact Person	Claudia McCree
Title	Regional Coordinator OHS
Contact Number	021 550 6032
Address	Cape Town, Western Cape
Value (Including VAT)	R925 000.00
Service Rendered	Occupational health Medical Examinations and Chest X-Rays
Period/Years of Service	2007-2014
Client Reference #21	
Company Name	Department of Environmental Affairs
Contact Person	Litha Mazibuko
Title	Mpumalanga Branch Manager
Contact Number	013 759 7323
Email	<a href="mailto:lmazibuko@environment.gov.za">lmazibuko@environment.gov.za</a>
Address	7 Government Boulevard, Riverside, Nelspruit
Value (Including VAT)	R351 918.00
Service Rendered	Occupational Health Full Medical Screening
Period/Years of Service	12/2013-02/2014
Client Reference #22	
Company Name	SANPARKS – Skukuza Branch
Contact Person	Nakisani Namethe
Title	Project Administrator: Biodiversity
Contact Number	013 735 4376
Address	Skukuza, Kruger National Park
Value (Including VAT)	R248 346.72
Service Rendered	Occupational health Medical Examinations
Period/Years of Service	01-30/09/2014
Client Reference #23	
Company Name	Randfontein Local Municipality
Contact Person	Johannes Motlhamme
Title	OHS Manager
Contact Number	011 411 0944 / 083 263 3596
Address	Cnr Freddler and Second Street, Randfontein
Value (Including VAT)	R1 452 690.00
Service Rendered	Occupational Health Full Medical Examinations
Period/Years of Service	06/2014-01/2018

## 7.2. Letters of Recommendation



## OCCUPATIONAL HEALTH AND SAFETY

postal Private Bag X28 Gatesville 7756  
physical PGWC Shared Services Center  
Cnr Bosduif & Volgerhuis Streets  
Bridgetown 7764  
website [www.0800080008.co.za](http://www.0800080008.co.za)  
enquiries Ebrahim Hardy  
telephone +27 21 483 0007 fax 086 864 2887  
email ehardy@capenature.co.za  
reference Letter of Recommendation  
date 02 June 2017

### **RE: LETTER OF RECOMMENDATION**

#### **TO WHOM IT MAY CONCERN**

This letter serves to confirm that CapeNature has utilised the services of OHS Care CC for the implementation of the medical surveillance programme. The programme focused primarily on the performance of medical examinations based on risk specific occupations of employees and related support and advice.

During the period that services were rendered OHS Care CC demonstrated a professional approach in all aspects of the work undertaken. The work performed were at all times of high quality and no challenges were experienced during the period of appointment.

We highly recommend OHS Care CC as a professional, committed and reliable provider of occupational health services.

Yours sincerely,

A handwritten signature in black ink, appearing to read "E. Hardy", written over a dotted line.

**EBRAHIEM HARDY**  
**CHIEF RISK OFFICER**

**OVERBERG WATER BOARD**  
Corporate  
Registration No.: 22078092 with DWS



Ground Floor,  
Trident Park 3  
1 Niblick Way  
Somerset West  
Western Cape  
7130  
P Box 1005  
Somerset Mall  
7137

**Telephone**  
+27 21 851 2155

**E-mail**  
[info@overbergwater.co.za](mailto:info@overbergwater.co.za)  
**VAT No.**  
442 010 2347

## Reference Letter

To whom this may concern

4 September 2020

### Medical Tests

I hereby confirmed that **OHS Care** conducted OHS medical test on employees of Overberg Water during 2018.

Medical tests conducted included:

- Physical
- Spiro
- Audio
- Height Assessment
- CXR
- ECG

I can also confirmed that we were happy with the professional services received by their team and will recommend **OHS Care** for any future services.

Yours faithfully

  
Anthony Lotz  
Acting: Chief Operations Officer

Overberg Water Board: Mr. R. Benjamin (Chairperson); Ms. I. Du Bruyn (Deputy Chairperson); Ms. S. Mayinga; Mr. M. Matji; Mr. S. Nene; Mr. D. Lefutso; Ms. L. Seripe; Ms. N. Madiba; Dr. G. Davids; CEO: Mr. P. Buthelezi



# STELLENBOSCH

STELLENBOSCH • PNIEL • FRANSCHHOEK

MUNICIPALITY • UMASIPALA • MUNISIPALITEIT

Stellenbosch Municipality

P.O.Box 17

Stellenbosch

7600

**Re: Letter of Recommendation-OHS Care**

This letter serves to confirm that Stellenbosch Municipality has used the services of OHS Care (subcontractor) to conduct our yearly occupational health medical examinations and vaccinations.

This dedicated team of professionals provided an exceptional service to the municipality and continually exceeded our expectations.

We highly recommended OHS Care as an Occupational Health Service Provider; they are extremely professional and service driven company.

Yours Sincerely

*N.S. Hlekwana*  
.....

Sheilla Hlekwana (Mrs)

Professional Officer: Occupational Health and Safety



NAVRAE: John Barnard  
ENQUIRIES:

KONTAKNR 0448031373  
CONTACT NO

VERW: OHS Care  
REF:

KANTOOR: Human Resource – OHS  
OFFICES:

DATUM: 24 May 2017  
DATE:



**Re: Letter of recommendation – OHS Care**

Eden District Municipality (Eden DM) has a Service Contract with OHS Care to provide a Medical Surveillance program. The surveillance program includes annual medicals and vaccination of employees.

This agreement is currently in it's second year.

OHS Care has always acted in a professional way with exceptional service and can highly be recommended for an Occupational Health Service provider.

Yours Sincerely

A handwritten signature in black ink, appearing to read "J. Barnard", is written over a horizontal line.

John Barnard  
Human Resources – Occupational Health & Safety Officer

**Fax: 023 3161 877**

Our Ref: 4/13/R Personal File

Deals with this matter: Mrs N Faltein

tel: +27 (0) 41 506 3307

e-mail: [nfaltain@mandelametro.gov.za](mailto:nfaltain@mandelametro.gov.za)

tel: +27 (0) 41 506 5412, fax: +27 (0) 41 585 7261

P.O. Box 11, Port Elizabeth, 6000

Republic of South Africa

website: [www.nelsonmandelabay.gov.za](http://www.nelsonmandelabay.gov.za)

13 July 2020

Ms Nomfundo Faltein

Acting Assistant Director

c/o Nelson Mandela Bay Municipality

**CONFIDENTIAL**

Dear Sir /Madam

**Letter of Recommendation**

**Company : OHS Care**

**Director : Mr Lebogang Parkies**

This serves to confirm that Lebogang Parkies – Business Development Director of OHS Care has served NMBM with professionalism and excellence since the contract inception in March 2019. The company is contracted to provide Occupational Surveillance and Occupational Medical Screenings Services for Nelson Mandela Bay Municipality . NMBM has about 7800 employees in total .

OHS Care has allocated 3 Occupational Medical Practitioners who works on rotational shifts. The service level agreement entails the following :

- Primary Health Care Services
- Health Risk Assessments
- Sick Leave Management and Extension .
- Workplace Incapacity Management
- Health and Safety Disease Profiling
- Preplacement , Periodic , Transfer and Exit medicals

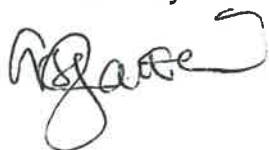
With the advent of COVID-19 OHS Regulations the company was requested to assist with Compliance. It came to the party without hesitation and additional COVID-19 assessment were done, which entails the following

- Screenings of Symptoms
- Return to Work Procedure
- COVID-19 Risk Mitigation Strategies
- Assisting with referring employees to isolation centres
- Training of employees with all COVID-19 related issues

Extensive reporting with diagrams , stats and graphs are provided on a monthly basis and on time where value for money can be seen without hesitation .

As NMBM We are honoured and privileged to work with a highly professional and skilled company.

Yours faithfully

A handwritten signature in black ink, appearing to be 'Ngweni', with a stylized flourish at the end.

18 June 2020

TO WHOM IT MAY CONCERN

**CONFIRMATION OF SERVICES RENDERED TO CIDB AND QUALITY OF WORK**

The cidb appointed the OHS Care team in July 2020 to provide specific services in terms of the COVID-19 pandemic and the compliance requirements with regards to the regulations issued.

The cidb contracted OHS Care to provide for example:

1. A COVID-19 specific risk assessment applicable to cidb;
2. A Risk Mitigation Protocol plan;
3. Posters,
4. Workplace Readiness after lockdown;
5. Checklists.

In reference to the services rendered by the OHS Care team, Mr Parkies and Dr Folmer, the cidb would like to express our utmost satisfaction with the quality and professionalism in which the work was done, not to mention the very short turn-around time required in fulfilment of the expected deliverables.

You are most welcome to contact the signatory with any follow up questions.

Kind regards,



**Elenore Downing**  
Director: Facility Management  
[elenorevr@cidb.org.za](mailto:elenorevr@cidb.org.za)  
012 482 7200



**Services North**  
A Division of WBHO Construction (Pty) Ltd  
245 Mastiff Road, Midrand Industrial Park, Commercial  
P.O. Box 531 Bergville 2012, South Africa  
Tel: +27 11 265 4000 Fax: +27 11 265 4039  
(e) wbhoho@wbho.co.za (w) www.wbho.co.za  
Reg No. 1983/011953/07

13 September 2017

To whom it may concern.

This letter serves as a recommendation of OHSCARE – Occupational Health Services

Occupational Health Services which OHSCARE provides to WBHO consists of ongoing Initial, Periodical, Follow up and Exit Medicals. The medicals that are conducted are job specific and risk driven. Examples of the medicals provided, vary from full medicals with Chest X-rays to Height Assessment Medicals depending on the project and working environment.

WBHO has a variety of divisions within the company, e.g. Building, Roads and Earthworks, Asphalt, Pipe Laying, Civil and recently added a Rail and Reinforcing Steel division to the company.

Below please find a list of our projects where OHSCARE did medicals:

Type of Projects	Total
Chloorkop (Services & Plant)	358
Buildings	8303
Civils	440
Road & Earthworks	2418
Roadspan	81
Pipelines	81
Asphalt	74
Chip and Spray	112
Total medicals per year	11985

OHSCARE has provided Occupational Health Services to WBHO for the past 12 years.

We recommend OHSCARE to any company who would like to make use of their service.

Kind regards

  
PF Mr G Kleinsmit  
Group OHS Director

---

**Directors:**

E.L. Nel BSc (Eng)(Chief Executive Officer) • T.R. Armstrong BSc (Eng) • P.J. Foley BSc (Eng) • C.V. Henwood CA(SA) • E.A. Mashishi BSc Eng (Mining) M. Eng • R.M. Smith Pr Eng. BSc (Eng)

**Divisional Directors**

A.C. Breckenridge BSc (Eng)(Managing Director) • S. Mvundla Pr Eng. BSc Eng (Civil) • M.Nel Pr Eng. MSc (Eng)

**Alternate Directors**

M.M. Vilakazi





29 March 2018

**RE: LETTER OF RECOMMENDATION**

To whom it may concern;

The East Rand Water Care Company (ERWAT) provides wastewater treatment services to 2000 industries and more than 3.5 million people who have access to sanitation services.

The majority of its operations are in Eastern Gauteng - Ekurhuleni. ERWAT's labour force is currently at 774.

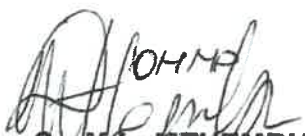
This letter serves to confirm that we have utilized the services of OHSCare Mobile Occupational Health Services have done Audiometry Tests for Baseline and routine hearing tests and X-ray Services for the chest examinations for the first batch of employees for eight (8) days in August 2017 and the second and last batch of employees for two (2) days in October 2017.

Furthermore, OHSCare Staff members are punctual, professional and submit their reports within a short a period of time after the examinations.

We are very happy and appreciate the services offered by OHSCare so far, and also looking forward to a smooth working relationship in the future.

Therefore, ERWAT is confidently recommending OHSCare as a solid and reliable service provider and experts in their field.

Yours faithfully,



**MR. M. L. MTHEMBU**  
**OCCUPATIONAL HEALTH NURSE PRACTITIONER**  
**HR - HEALTH SERVICES**

**EAST RAND WATER CARE COMPANY**  
(ASSOCIATION INCORPORATED IN TERMS OF SECTION 21)  
REG. No. 92/05753/08  
BAPSFontein ROAD, KEMPTON PARK  
13106, NORKEM PARK 1631  
REPUBLIC OF SOUTH AFRICA

☎ (011) 929-7000 Fax (011) 929-7031/2

Directors: Mr C Cornish (Chairman), Mr T Gopane (Managing Director), Mr L Bokaba,  
Mr D Coovadia, Adv M Mochatsi, Ms N Sidondi, Ms S Themba, Dr KC Wall, Mr T Mdingi



**VEHICLE SYSTEMS**

**DENEL**

24 April 2020

The Director  
OHS Care  
76 Steel Road  
Spartan  
Kempton Park  
1619

**To Whom It May Concern**

With reference to the aforementioned company, it has been our pleasure at Denel Vehicle Systems to have been serviced by the Occupational Medical Practitioners supplied by OHS Care at both our manufacturing plants OMC and Gear Ratio. This dedicated team of professionals provided an exceptional service to our business, continuously exceeding our expectations.

The key factors for choosing to work with OHS Care were the teams in depth knowledge of Occupational Health, dedication and commitment to our needs and requirements. You have become a trusted resource and would have no hesitation recommending your company and staff to any prospective customer.

Please feel free to contact me should you require any further information.

Yours faithfully,

**Lulu Likotsi**  
SHE Manager  
Denel Vehicle Systems  
Tel: 011 747 3589

---

Denel Vehicle Systems (Pty) Ltd Reg No 1999/001275/07  
12 Barnsley Road, Private Bag X049, Benoni, 1500, South Africa. Tel: +27 (11) 747 3300, Fax: +27 (11) 749 8277

Directors: Mr T Kleynhans (Chairman), Mr MX Makhatini<sup>1</sup> (Chief Executive Officer), Mr S Puckaree<sup>1</sup>, Mr BT Zwelibanzi, Ms LH Shangase

<sup>1</sup>Executive Director  
Company Secretary: Ms C Geldenhuys

# NISSAN

GROUP OF AFRICA

17 March 2021

To who it may concern

Recommendation letter OHS Care

It is with great pleasure that we can recommend OHS Care as a Health Care Service provider.

They are structured and efficient in ensuring that our Occupational and Primary Health Concerns are attended to.

The staff are always friendly, accommodating and willing to assist beyond expectations.

Their record keeping and reporting ensure that we are always aware of health concerns in our organisation and with OHS Care's proactive approach we ensure that all concerns are addressed timeously.

HR Regards



**Asha Sivenath**  
General Manager: HR Human Resources

Nissan South Africa (Pty) Ltd  
Phone: +27 12 529 6523  
Mobile: +27 82 419 5867

**Nissan South Africa Pty Ltd (1963/007428/07)**

Bill Wilson Building, Ernest Oppenheimer Street, Rosslyn | PO Box 911010 Rosslyn 0200, Phone: +27-12-529-6000

Directors

MP Whitfield (Nissan Africa MD), KW Rabotho (NSA Country Director), S Solomons (NSA Plant Director), W Mesatjwa, GA Field, NJ Craddock, B Kırklareli (CFO)\*\*  
\*\* Turkish



35 Westfield Road, Longmeadow Business Estate, Edenvale, 1609

Johannesburg, South Africa

Phone: +27 11 657 1021

Date: 05 September 2018

Recommendation letter

To whom it may concern

Dear Sir/Madam,

OHSCARE has been providing Lafarge South Africa with Occupational Health Services since 2010. Their services are professional, keeping up with the legal requirements.

Their services are rendered at our Gauteng and Mpumalanga operations. These services include: Pre-employment medical examinations, periodic, return to work and exit medical examinations.

I would therefore strongly recommend OHSCARE services.

Yours Sincerely,

Brenda Mughogho

  
Lafarge SA Health Manager



**CENTRAL  
SENTRAAL**

**KAROO**

**DISTRIKSMUNISIPALITEIT / DISTRICT MUNICIPALITY  
UMASIPALA WESITHILI SASE**

63 Donkin Street  
Donkinstraat 63  
Private Bag X560  
Privaatsak X560  
Ingxowa X560  
BEAUFORT WES(T)/ BHOBHOFOLO  
6970

IFaksi / Fax / Faks: 023 - 415 1253  
IFowuni / Tel: 023 - 449 1000  
E-mail: manager@skdm.co.za

---

**REFERENCE LETTER**

---

Dear Sir/Madam

I herewith confirm that **OHS CARE** is the service provider of the Central Karoo District Municipality, responsible for medical fitness tests in terms of the Construction Regulation.

- OHS CARE is appointed from July 2016 to April 2019.
- OHS Care conducts medical fitness checks in terms of the Construction Regulation.
- OHS CARE renders a professional service and has not bridged any terms and conditions of the tender agreement.

I trust that you will find the above in order.

Yours faithfully

  
for S JOOSTE  
MUNICIPAL MANAGER

Enquiries : Gerda van Zyl

22 October 2018



**CAPE KAROO**

## **8. Mobile Clinic Ownership and Equipment List**

**8.1. Mobile Audio Units Registration  
Documents**

**8.2. Equipment List**

**8.3. Mobile Audio Unit Photographs**

**8.4. Calibration Certificates**

**8.4.1. Mobile Audio Calibration**

**8.4.2. Vision Screening Calibration**



## 8.1. Mobile Audio Units Registration Documents



MOTOR VEHICLE LICENCE  
AND LICENCE DISC  
(National Road Traffic Act, 1996)

MOTORVOERTUIGLISENSIE  
EN LISENSIESKYF  
(Nasionale Padverkeerswet, 1996)

OHSCARE CC  
PO BOX 5637

BARBERTON

1300

Attention/Aandag  
ERASMUS MC

CITY OF MBOMBELA  
REGISTERING AUTHORITY  
2020-07-14  
UMJINDI  
REGISTRATION & LICENSING



Vehicle register number	BHP547V	Voertuigregisternommer	
Licence number	HSX987MP	Lisensienommer	
Vehicle identification number (VIN)	AAJCF32HPFJ097450	Voertuigidentifikasienommer (VIN)	
Engine number		Enjinnommer	
Make	JURGENS	Fabrikaat	
Series name	LARGE CUSTOM	Reeksnaam	
Vehicle category	Special Vehicle / Spesiale Voertuig	Voertuigkatogorie	
Driven	Trailer / Sleepwa	Aandrywing	
Vehicle description	Caravan / Woonwa	Voertuigbeskrywing	
Tare (T): kg/Roadworthy Test Date	992 /	Tarra (T): kg/Padwaardigheidtoetsdatum	
National Vehicle Classification (NVC)	U261J06030000009001000000009920	Nasionale Voertuigklassifikasie (NVK)	
Registering authority	Mbombela	Registrasie-owerheid	
Control number	4036003CL59F	Beheernommer	
Date of expiry	2021-07-31	Vervaldatum	
RECEIPT		KWITANSIE	
Receipt number	4036004D77B0	Kwitansienommer	
Transaction	Licensing 2.8 / Lisensiering 2.8	Transaksie	
Debt paid	R0.00	Skuuld betaal	
Fee paid	R225.00	Foel betaal	
Transaction fee paid	R72.00	Transaksie foel betaal	
Total amount paid	R297.00	Totale bedrag betaal	
Date	2020-07-14	Datum	
Received by	HJ VERMAAR	Ontvang deur	
Method of payment	Cash / Kontant	Metode van betaling	
Number		Nommer	



## INSTRUCTIONS

1. Cut out disc and affix to the lower, left-hand corner on the inside of windscreen or disc holder as per Regulation 36.

2. Retain the motor vehicle licence/receipt in a safe place.

## AANWYSINGS

1. Knip die skyfie uit en bevestig binnekant aan die linker onderkant van die windskeerm of skyfiehouer soos per Regulasie 36.

2. Bewaar die motorvoertuiglisensie/kwitansie op 'n veilige plek.

4036

2020-07-14 09:19:05

BO 8047325

2579

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERING OF UITKRAPPING

Republic of South Africa



Republiek van Suid-Afrika

MVL1

MOTOR VEHICLE LICENCE  
AND LICENCE DISC  
(National Road Traffic Act, 1996)

MOTORVOERTUIGLISENSIE  
EN LISENSIESKYF  
(Nasionale Padverkeerswet, 1996)

OHSCARE CC  
PO BOX 5637

BARBERTON

1300

Attention/Aandag  
ERASMUS MC

CITY OF MBOMBELA  
REGISTERING AUTHORITY  
2020-07-14  
UMJINDI  
REGISTRATION & LICENSING



Vehicle register number  
Licence number  
Vehicle identification number (VIN)  
Engine number  
Make  
Series name  
Vehicle category  
Driven  
Vehicle description  
Tare (T): kg/Roadworthy Test Date

BHP548V  
HSX994MP  
AAJCF32HPFJ160150

JURGENS  
LARGE CUSTOM  
Special Vehicle / Spesiale Voertuig  
Trailer / Sleepwa  
Caravan / Woonwa

992

National  
Vehicle Classification (NVC)

U261J060300000090010000000009920

Registering authority

Mbombela

Control number

4036003CL598

Date of expiry

2021-07-31

## RECEIPT

Receipt number  
Transaction  
Debt paid  
Fee paid  
Transaction fee paid  
Total amount paid  
Date  
Received by  
Method of payment  
Number

4036004D779V  
Licensing 2.8 / Lisensiering 2.8  
R0.00  
R225.00  
R72.00  
R297.00  
2020-07-14  
HJ VERMAAK  
Cash / Kontant

Voertuigregisternommer  
Lisensienommer  
Voertuigidentifikasienommer (VIN)  
Enjinnummer  
Fabrikaat  
Reekanaam  
Voertuigkategorie  
Aandrywing  
Voertuigbeskrywing  
Tare (T): kg/Padwaardigheidstoetsdatum  
Nasionale  
Voertuigklassifikasie (NVK)  
Registrasie-oowerheid  
Behaarnommer  
Vervaldatum  
KWITANSIE  
Kwitansienommer  
Transaksie  
Skuld betaal  
Foopi betaal  
Transaksie fooi betaal  
Totale bedrag betaal  
Datum  
Ontvang deur  
Metode van betaling  
Nommer



## INSTRUCTIONS

## AANWYSINGS

1. Cut out disc and affix to the lower left-hand corner on the inside of windscreen or disc holder as per Regulation 36.

2. Retain the motor vehicle licence/receipt in a safe place.

1. Knip die skyfie uit en bevestig binneken aan die linker onderkant van die windscherm of skyfiehouer soos per Regulasie 36.

2. Bewaar die motorvoertuig-lisensie/kwitansie op 'n veilige plek.

4036

2020-07-14 09:17:43

BO 8047321

2670

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEEK SONDER ENIGE VERANDERING OF UITKRAPPING



Republic of South Africa



Republiek van Suid-Afrika

MOTOR VEHICLE LICENCE  
AND LICENCE DISC  
(National Road Traffic Act, 1996)

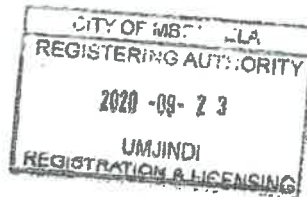
MOTORVOERTUIGLISENSIE  
EN LISENSIESKYF  
(Nasionale Padverkeerswet, 1996)

OHSCARE CC  
PO BOX 5637

BARBERTON

1300

Attention/Aandag  
ERASMUS MC



Vehicle register number	KFJ535W	Voertuigregisternommer
Licence number	DSJ818MP	Lisensienommer
Vehicle identification number (VIN)	AA9T218TM7KUE1032	Voertuigidentifikasiënnummer (VIN)
Engine number		Enjinnummer
Make	CARAVAN ACADEMY	Fabrikaat
Series name	GOLDEN EAGLE	Reeksnaam
Vehicle category	Light load vehicle (GVM 3500Kg or less)	Voertuigkategorie
Driven	Trailer / Sleepwa	Aandrywing
Vehicle description	Caravan / Woonwa	Voertuigbeskrywing
Tare (T): kg/Roadworthy Test Date	1500 /	Tarra (T): kg/Padwaardigheidsdatum
National Vehicle Classification (NVC)	K261CD50300000150030000000009910	Nasionale Voertuigklassifikasie (NVK)
Registering authority	Mbombela	Registrasie-oowerheid
Control number	4036003CNF2W	Beheernommer
Date of expiry	2021-10-31	Vervaldatum
RECEIPT		KWITANSIE
Receipt number	4036004DB3FP	Kwitansienommer
Transaction	Licensing 2.8 / Lisensiering 2.8	Transaksie
Debt paid	R0.00	Skuld betaal
Fee paid	R225.00	Fooi betaal
Transaction fee paid	R72.00	Transaksie fooi betaal
Total amount paid	R297.00	Totale bedrag betaal
Date	2020-09-23	Datum
Received by	NC TIWANE	Ontvang deur
Method of payment	Cash / Kontant	Metode van betaling
Number		Nommer



## INSTRUCTIONS

## AANWYSINGS

1. Cut out disc and affix to the lower left-hand corner on the inside of windscreen or disc holder as per Regulation 36.

2. Retain the motor vehicle licence/receipt in a safe place.

1. Knip die skyfie uit en bevestig binneant aan die linker onderkant van die windskeerm of skyfiehouer soos per Regulasie 36.

2. Bewaar die motorvoertuig-lisensie/kwitansie op 'n veilige plek.

4036

2020-09-23 09:12:00

BP 8306036

Z579

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERING OF UITKRAPPING

## Republic of South Africa

## Republiek van Suid-Afrika

MOTOR VEHICLE LICENCE  
AND LICENCE DISC  
(National Road Traffic Act, 1996)

MOTORVOERTUIGLISENSIE  
EN LISENSIESKYE  
(Nasionale Padverkeerswet, 1996)



OHSCARE CC  
PO BOX 5637

CITY OF MBOMBELA  
REGISTERING AUTHORITY

2020-01-22

BARBERTON

UMJINDI

REGISTRATION & LICENSING

1300

Attention/Aandag  
ERASMUS MC



Vehicle register number	BCL735J	Voertuigregisternommer	
Licence number	CWG209MP	Lisensienommer	
Vehicle identification number (VIN)	AA9B215BM3WTH1004	Voertuigidentifikasienommer (VIN)	
Engine number		Enjinnommer	
Make	COUNTRY CARAVANS	Fabrikaat	
Series name	AUDIO	Reeksaam	
Vehicle category	Light load vehicle (GVM 3500Kg or less)	Voertuigkategorie	
Driven	Trailer / Sleepwa	Aandrywing	
Vehicle description	Caravan / Woonwa	Voertuigbeskrywing	
Tare (T): kg/Roadworthy Test Date	1410 /	Taris (T): kg/Padwaardigheidsdatum	
National Vehicle Classification (NVC)	K261CC90300000140010000000009920	Nasionale Voertuigklassifikasie (NVK)	
Registering authority	Mbombela	Registrasie-owerheid	
Control number	4036003CH3D3	Beheernommer	
Date of expiry	2021-01-31	Vervaldatum	
RECEIPT		KWITANSIE	
Receipt number	4036004D371V	Kwitansienommer	
Transaction	Licensing 2.8 / Lisensiering 2.8	Transaksie	
Debt paid	R0.00	Skuld betaal	
Fee paid	R225.00	Foel betaal	
Transaction fee paid	R72.00	Transaksie foel betaal	
Total amount paid	R297.00	Totale bedrag betaal	
Date	2020-01-22	Datum	
Received by	HJ VERMAAK	Ontvang deur	
Method of payment	Cash / Kontant	Metode van betaling	
Number		Nommer	



## INSTRUCTIONS

## AANWYSINGS

1. Cut out disc and affix to the lower left-hand corner on the inside of windscreen or disc holder as per Regulation 36.

2. Retain the motor vehicle licence/receipt in a safe place.

1. Knip die skyfie uit en bevestig binnekant aan die linker onderkant van die windscherm of skyfiehouer soos per Regulasie 36.

2. Bewaar die motorvoertuig-lisensie/kwitansie op 'n veilige plek.

4036

2020-01-22 12:50:57

BO 4372165

Z579

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERING OF UITKRAPPING



Republic of South Africa



Republiek van Suid-Afrika

MVL1

MOTOR VEHICLE LICENCE  
AND LICENCE DISC  
(National Road Traffic Act, 1996)

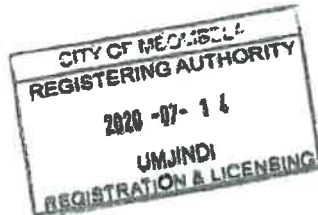
MOTORVOERTUIGLISENSIE  
EN LISENSIESKYF  
(Nasionale Padverkeerswet, 1996)

OHSCARE CC  
PO BOX 5637

BARBERTON

1300

Attention/Aandag  
ERASMUS MC



Vehicle register number **ZTH745W**  
Licence number **JWZ760MP**  
Vehicle identification number (VIN) **AA9B230MBKWC2027**  
Engine number  
Make **MBCC CUSTOM TRAILER**  
Series name **ELITE**  
Vehicle category **Light load vehicle (GVM 3500kg or less)**  
Driven **Trailer / Sleepwa**  
Vehicle description **Box body / Kokerbak**  
Tare (T): kg/Roadworthy Test Date **1320 /**  
National Vehicle Classification (NVC) **K241MV31700000130030000000009920**  
Registering authority **Mbombela**  
Control number **4036003CL59K**  
Date of expiry **2021-07-31**  
**RECEIPT**  
Receipt number **4036004D77B5**  
Transaction **Lic. S 2.7 (2.10) / Lisen. S 2.7 (2.10)**  
Debt paid **R0.00**  
Fee paid **R535.00**  
Transaction fee paid **R72.00**  
Total amount paid **R607.00**  
Date **2020-07-14**  
Received by **HJ VERMAAK**  
Method of payment **Cash / Kontant**  
Number

Voertuigregisternommer  
Lisensienommer  
Voertuigidentifikasienommer (VIN)  
Enjinnummer  
Fabrikaat  
Reeksnaam  
Voertuigkategorie  
Aandrywing  
Voertuigbeskrywing  
Tare (T): kg/Padwaardigheidsdatum  
Nasionale Voertuigklassifikasie (NVC)  
Registrasie-owerheid  
Beheernommer  
Vervaldatum  
**KWITANSIE**  
Kwitansienommer  
Transaksie  
Skuld betaal  
Fool betaal  
Transaksie fool betaal  
Totale bedrag betaal  
Datum  
Ontvang deur  
Metode van betaling  
Nommer



## INSTRUCTIONS

## AANWYSINGS

1. Cut out disc and affix to the lower left-hand corner on the inside of windscreen or disc holder as per Regulation 36.
2. Retain the motor vehicle licence/receipt in a safe place.

1. Knip die skyfie uit en bevestig binnekant aan die linker onderkant van die windscherm of skyfiehouer soos per Regulasie 36.
2. Bewaar die motorvoertuig-lisensie/kwitansie op 'n veilige plek.

4036

2020-07-14 09:23:54

BO 8047326

Z578

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEEK SONDER ENIGE VERANDERING OF UITKRAPPING



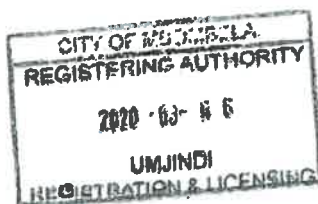


OHSCARE CC  
PO BOX 5637

BARBERTON

1300

Attention/Aandag  
ERASMUS MC



Vehicle register number **BRG087X**  
Licence number **JZY062MP**  
Vehicle identification number (VIN) **AA9B175UBKSHL2319**  
Engine number  
Make **MULTILOADER**  
Series name **MULTI 1**  
Vehicle category **Light load vehicle (GVM 3500kg or less)**  
Driven **Trailer / Sleepwa**  
Vehicle description **Box body / Kokerbak**  
Tare (T): kg/Roadworthy Test Date **1300 /**  
National Vehicle Classification (NVC) **K241MM11400000130020000000009910**  
Registering authority **Mbombela**  
Control number **4036003CJBFM**  
Date of expiry **2021-02-28**  
RECEIPT  
Receipt number **4036004D4WKF**  
Transaction **Lic. S 2.7 (2.10) / Lisen. S 2.7 (2.10)**  
Debt paid **R0.00**  
Fee paid **R535.00**  
Transaction fee paid **R72.00**  
Total amount paid **R607.00**  
Date **2020-03-06**  
Received by **HJ VERMAAK**  
Method of payment **Cash / Kontant**  
Number

Voertuigregisternommer  
Lisensienommer  
Voertuigidentifikasienommer (VIN)  
Enjinnummer  
Fabrikaat  
Reeksaam  
Voertuigkategorie  
Aandrywing  
Voertuigbeskrywing  
Tara (T): kg/Padwaardigheids-toetsdatum  
Nasionale Voertuigklassifikasie (NVC)  
Registrasie-oewerheid  
Beheernommer  
Vervaldatum  
KWITANSIE  
Kwitasienommer  
Transaksie  
Skuld betaal  
Foot betaal  
Transaksie foot betaal  
Totale bedrag betaal  
Datum  
Ontvang deur  
Metode van betaling  
Nommer



### INSTRUCTIONS

1. Cut out disc and affix to the lower left-hand corner on the inside of windscreen or disc holder as per Regulation 36.
2. Retain the motor vehicle licence/receipt in a safe place.

### AANWYSINGS

1. Knip die skyfie uit en bevestig binnekan aan die linker onderkant van die windscherm of skyfiehouer soos per Regulasie 36.
2. Bewaar die motorvoertuig-lisensie/kwitasie op 'n veilige plek.

4036

2020-03-06 14:08:05

BO 4573182

Z 579

## 8.2. Equipment List

## **MOBILE CLINIC UNIT LIST OF CONTENTS**

### **Examination room**

Examination bed  
 Examination lamp  
 Medical waste disposal bin  
 Medical waste red plastic bag  
  
 Blood glucose machine  
 Glucose sticks  
 Vaccine Refrigerator / Cold chain box with ice gel packs  
 Cholesterol test meter  
 Bloodpressure meter digital and manual  
  
 Stethoscope  
 OHNP Bag  
 E.N.T. Set  
 Antiseptic hand spray  
 Latex gloves  
 Cotton wool  
  
 Alcohol swabs  
 Asthavent Inhaler  
 Oxygen Bottle with face mask  
  
 Sharps Container  
 Adrenaline  
 Phernagen  
 Soluco-Terf  
 Analytical toxicology book  
 Laboratory forms  
 Lancet needles

### **Audio room**

Desk with 4 drawers  
 Stapler  
 Stamp pad  
 Light  
 Acer Laptop  
 Keyboard  
 Mouse  
 Webcols  
 Autoscope  
 HP Printer  
 Atlas Aircon  
 Aircon remote  
 Power supply  
 Spanner for stabilisers  
 Red triangle  
 Fire extinguisher

### **Booth 1**

Light  
 Earphones  
 Response button  
 Audiometer (RA300)

### **Booth 2**

Light  
 Earphones  
 Response button  
 Audiometer (RA300)

### **Spirometer**

Laptop  
 Sensor (Spirometer)  
 Mouthpieces (Boxes)  
 Filters  
 UV Disinfection Light

### **Titmus**

Control panel  
 Titmus forms (File)

### **Other Equipment**

Weight scale  
 Height measuring tape  
 Medical consumables  
 Stationery and forms  
 Snellen chart  
 Polystyrene cups for urine tests  
  
 Urine sticks

## 8.3. Mobile Audio Unit Photographs

## Mobile Clinic Photographs

**Audiobooth x 2 per Mobile Unit**



**Nurse Examination Room**



**Audio Room – Laptop, Printer and Audiometer (Fully Airconditioned)**





## Mobile Clinic Units







## **8.4. Calibration Certificates**

**8.4.1. Mobile Audio Calibration**

**8.4.2. Vision Screening Calibration**

<b>Name and Address:</b> OHSCare  Spartan 76 Steel Road Kempton Park JZY062 MP		<b>Calibration Certificate Number:</b>  TR00716 - J2032	
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	Audiometer	Left Earphone	Right Earphone
<b>Make:</b>	Tremetrics	Telephonics	Telephonics
<b>Model:</b>	RA660	TDH 39P	TDH 39P
<b>Serial Number:</b>	TR00716	M170453	M170387
<b>Chassis/Console:</b>	ID116195	<b>Bone Conductor No:</b>	N/A
<b>Insert Earphones:</b>			
<b>HDA Earphones:</b>			
<b>Calibration Site:</b>	Amtronix Labs	<b>Audiometer/Booth Number:</b>	1
<b>For Compliance With:</b> SANS 10154			
<b>Calibration Expiry Date:</b>	2021/06/08	<b>Function:</b>	Mobile

Calibration Equipment	Calibration Date
<b>Artificial Mastoid:</b>	
<b>Sound Level Meter:</b>	ITI Audio XL2 #A2a-14680-E0 Aug-'20
<b>Sound Level Calibrator:</b>	Rion NC-74 #35046845 Aug-'20
<b>1/3 Octave Filter:</b>	ITI Audio XL2 #A2a-14680-E0 Aug-'20
<b>Frequency Counter:</b>	Major Tech MTD10 #15232070 Aug-'20
<b>Artificial Ear:</b>	Larson Davis AEC201 #0391 Aug-'20
<b>Microphones:</b>	#303044/320528 Aug-'20


This certificate becomes invalid if the Booth is:

- i. Subjected to any misuse or rough handling
- ii. Subjected to repairs, including replacement of an earphone or insert.
- iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.

**Remarks:**  
 This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1, -2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request.  
 This certificate is valid for 3 Months (90 Days)

**Customer Notes:**  
 Equipment in good working order.

<b>Modifiers calibrated are:</b>	<b>Air Conduction:</b> Yes	<b>Bone Conduction:</b> N/A																			
	<b>Free Field Speakers:</b> N/A	<b>Inserts:</b> N/A																			
<b>Filters:</b>	<b>NB:</b> N/A	<b>SN:</b> N/A																			
	<b>WN:</b> N/A	<b>Speech:</b> N/A																			
<b>Booth tested Fan Off:</b> No	<b>SANS 10182 (Booth)</b>																				
<b>Booth Type:</b>	Acoustic Booth																				
<b>Booth Certified to Required Levels:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Hz</th> <th>AP</th> <th>8K</th> <th>4K</th> <th>2K</th> <th>1K</th> <th>500</th> <th>250</th> <th>125</th> </tr> <tr> <td>Only Valid until next move</td> <td>dB</td> <td>56.30</td> <td>22.00</td> <td>19.90</td> <td>18.80</td> <td>20.10</td> <td>18.30</td> <td>33.10</td> <td>40.10</td> </tr> </table>		Hz	AP	8K	4K	2K	1K	500	250	125	Only Valid until next move	dB	56.30	22.00	19.90	18.80	20.10	18.30	33.10	40.10
Hz	AP	8K	4K	2K	1K	500	250	125													
Only Valid until next move	dB	56.30	22.00	19.90	18.80	20.10	18.30	33.10	40.10												

<b>Certification Officer:</b>    Jan Moswane (JM)	<b>Date &amp; Time:</b>  2021/03/08 09:05
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<b>Name and Address:</b> OHSCare  Spartan 76 Steel Road Kempton Park JZY062 MP		<b>Calibration Certificate Number:</b>  TR00735 - J2032	
--	--	---	--

	Audiometer	Left Earphone	Right Earphone
<b>Make:</b>	Tremetrics	Telephonics	Telephonics
<b>Model:</b>	RA660	TDH 39P	TDH 39P
<b>Serial Number:</b>	TR00735	M170911	M124716
<b>Chassis/Console:</b>	ID116195	<b>Bone Conductor No:</b>	N/A
<b>Insert Earphones:</b>			
<b>HDA Earphones:</b>			
<b>Calibration Site:</b>	Amtronix Labs	<b>Audiometer/Booth Number:</b>	2

**For Compliance With:** SANS 10154

**Calibration Expiry Date:** 2021/06/08      **Function:** Mobile

Calibration Equipment	Calibration Date
<b>Artificial Mastoid:</b>	
<b>Sound Level Meter:</b>	ITI Audio XL2 #A2a-14680-E0      Aug-'20
<b>Sound Level Calibrator:</b>	Rion NC-74 #35046845      Aug-'20
<b>1/3 Octave Filter:</b>	ITI Audio XL2 #A2a-14680-E0      Aug-'20
<b>Frequency Counter:</b>	Major Tech MTD10 #15232070      Aug-'20
<b>Artificial Ear:</b>	Larson Davis AEC201 #0391      Aug-'20
<b>Microphones:</b>	#303044/320528      Aug-'20

This certificate becomes invalid if the Booth is:


- i. Subjected to any misuse or rough handling
- ii. Subjected to repairs, including replacement of an earphone or insert.
- iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.

**Remarks:**  
 This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1, -2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request.


This certificate is valid for 3 Months (90 Days)


**Customer Notes:**  
 Equipment in good working order.

<b>Modifiers calibrated are:</b>	<b>Air Conduction:</b> Yes	<b>Bone Conduction:</b> N/A
	<b>Free Field Speakers:</b> N/A	<b>Inserts:</b> N/A
<b>Filters:</b>	<b>NB:</b> N/A	<b>SN:</b> N/A
	<b>WN:</b> N/A	<b>Speech:</b> N/A
<b>Booth tested Fan Off:</b> No	<b>Booth Type:</b> Acoustic Booth	
<b>Booth Certified to Required Levels:</b>	Hz	AP
	8K	4K
	2K	1K
	500	250
	125	
<b>Only Valid until next move</b>	dB	60.20
	19.80	32.00
	30.10	23.00
	18.80	35.00
	39.60	

<b>Certification Officer:</b>    Jan Moswane (JM)	<b>Date &amp; Time:</b>  2021/03/08 09:16
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Name and Address: OHS CARE 76 Steel Road Spartan Kempton Park						Calibration Certificate Number:  022023 - P2049			
		<b>Audiometer</b>		<b>Left Earphone</b>		<b>Right Earphone</b>			
<b>Make:</b>		Tremetrics		Telephonics		Telephonics			
<b>Model:</b>		RA300		TDH 39P		TDH 39P			
<b>Serial Number:</b>		022023		D002306		D002308			
<b>Chassis/Console:</b>				<b>Bone Conductor No:</b>		N/A			
<b>Insert Earphones:</b>									
<b>HDA Earphones:</b>									
<b>Calibration Site:</b>		Amtronix Labs		<b>Audiometer/Booth Number:</b>		1			
<b>For Compliance With:</b>		SANS 10154							
<b>Calibration Expiry Date:</b>		2021/05/26		<b>Function:</b>		Mobile			
<b>Calibration Equipment</b>						<b>Calibration Date</b>			
<b>Artificial Mastoid:</b>									
<b>Sound Level Meter:</b>		Rion NL - 14 #10520416				Sep-'20			
<b>Sound Level Calibrator:</b>		Quest CA-15-B #H8010011				Sep-'20			
<b>1/3 Octave Filter:</b>		Rion NX-05 #1043050				Sep-'20			
<b>Frequency Counter:</b>		Tiptronic T1504#845V10				Sep-'20			
<b>Artificial Ear:</b>		G.R.A.S. RA0039 #89539				Sep-'20			
<b>Microphones:</b>		#90547/106337				Sep-'20			
This certificate becomes invalid if the Booth is: <ul style="list-style-type: none"> <li>i. Subjected to any misuse or rough handling</li> <li>ii. Subjected to repairs, including replacement of an earphone or insert.</li> <li>iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.</li> </ul>									
<b>Remarks:</b> This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request. This certificate is valid for 3 Months (90 Days)									
<b>Customer Notes:</b> Equipment in good working order.									
<b>Modifiers calibrated are:</b>		<b>Air Conduction:</b> Yes		<b>Bone Conduction:</b> N/A					
		<b>Free Field Speakers:</b>		N/A		<b>Inserts:</b> N/A			
<b>Filters:</b>	<b>NB:</b> N/A	<b>SN:</b> N/A	<b>WN:</b> N/A	<b>Speech:</b> N/A					
<b>Booth tested Fan Off:</b> Yes		SANS 10182 (Booth)		<b>Booth Type:</b>		Built-in			
<b>Booth Certified to Required Levels:</b>	Hz	AP	8K	4K	2K	1K	500		
	dB	69.1	16.1	19.1	13.1	12.4	12.5		
<b>Only Valid until next move</b>							250		
							125		
							26.7		
Certification Officer:   Peter Makamela (PM)						Date & Time:  2021/02/26 13:25			

Name and Address: OHS CARE 76 Steel Road Spartan Kempton Park						Calibration Certificate Number:  022029 - P2049				
		Audiometer	Left Earphone	Right Earphone						
Make:		Tremetrics	Telephonics	Telephonics						
Model:		RA300	TDH 39P	TDH 39P						
Serial Number:		022029	C153347	C153348						
Chassis/Console:		Bone Conductor No:		N/A						
Insert Earphones:										
HDA Earphones:										
Calibration Site:		Amtronix Labs	Audiometer/Booth Number:		2					
For Compliance With:		SANS 10154								
Calibration Expiry Date:		2021/05/26	Function:	Mobile						
Calibration Equipment						Calibration Date				
Artificial Mastoid:										
Sound Level Meter:		Rion NL - 14 #10520416		Sep-'20						
Sound Level Calibrator:		Quest CA-15-B #H8010011		Sep-'20						
1/3 Octave Filter:		Rion NX-05 #1043050		Sep-'20						
Frequency Counter:		Tiptronics T1504#845V10		Sep-'20						
Artificial Ear:		G.R.A.S. RA0039 #89539		Sep-'20						
Microphones:		#90547/106337		Sep-'20						
This certificate becomes invalid if the Booth is: <ul style="list-style-type: none"> <li>i. Subjected to any misuse or rough handling</li> <li>ii. Subjected to repairs, including replacement of an earphone or insert.</li> <li>iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.</li> </ul>										
<b>Remarks:</b> This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request. This certificate is valid for 3 Months (90 Days)										
<b>Customer Notes:</b> Equipment in good working order.										
Modifiers calibrated are:		Air Conduction: Yes		Bone Conduction: N/A						
		Free Field Speakers: N/A		Inserts: N/A						
Filters:	NB: N/A	SN: N/A	WN: N/A	Speech: N/A						
Booth tested Fan Off: Yes		SANS 10182 (Booth)		Booth Type: Built-in						
Booth Certified to Required Levels:		Hz	AP	8K	4K	2K	1K	250	125	
Only Valid until next move		dB	57.8	15.3	16.1	12.7	16.1	16.0	18.1	29.1
Certification Officer:   Peter Makamela (PM)						Date & Time:  2021/02/26 13:25				







## Amtronic - breaking the sound barrier


Reg No. 1977/001577/07

P O Box 26318  
East Rand 1462  
Gauteng, South Africa  
Tel: 0861 amtronix (268766)  
Tel: 011 894 4632  
Fax: 011 894 4629  
info@amtronix.co.za  
www.amtronix.co.za  
Support: 0861 amtronix


Name and Address: OHS Care 76 Steel Road Spartan Kempton Park										Calibration Certificate Number:  R07A2CJ000352 - P2049	
		Audiometer			Left Earphone			Right Earphone			
Make:		Resonance			DD45			DD45			
Model:		RA027			DD45			DD45			
Serial Number:		R07A2CJ000352			WT408812			WT401157			
Chassis/Console:					Bone Conductor No:			N/A			
Insert Earphones:											
HDA Earphones:											
Calibration Site:		Amtronix Labs			Audiometer/Booth Number:			1			
For Compliance With:		SANS 10154									
Calibration Expiry Date:		2021/05/26			Function:		Mobile				
Calibration Equipment					Calibration Date						
Artificial Mastoid:											
Sound Level Meter:					Rion NA-27 #0642282			Oct-'20			
Sound Level Calibrator:					Larson Davis CAL200#15669			Oct-'20			
1/3 Octave Filter:					Rion NA-27 #10642282			Oct-'20			
Frequency Counter:					TrpTronic T45C #460000093			Sep-'20			
Artificial Ear:					Larson Davis AEC201 #0341			Sep-'20			
Microphones:					167007#			Oct-'20			
This certificate becomes invalid if the Booth is:											
i. Subjected to any misuse or rough handling											
ii. Subjected to repairs, including replacement of an earphone or insert.											
iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.											
Remarks:											
This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request.											
This certificate is valid for 3 Months (90 Days)											
Customer Notes:											
Equipment in good working order.											
Modifiers calibrated are:		Air Conduction: Yes			Bone Conduction: N/A						
		Free Field Speakers:			N/A			Inserts: N/A			
Filters:		NB: N/A		SN: N/A		WN: N/A		Speech: N/A			
Booth tested Fan Off:		Yes SANS 10182 (Booth)			Booth Type:			Built-in			
Booth Certified to Required Levels:		Hz	AP	8K	4K	2K	1K	500	250	125	
Only Valid until next move		dB	45.3	12.0	13.7	10.8	9.6	9.5	14.1	20.9	
Certification Officer:						Date & Time:					
 Peter Makamela (PM)						2021/02/26 15:16					


Whilst every precaution is taken to ensure the accuracy of the calibration, Amtronix (Pty) Ltd or its representatives shall not be held liable for any errors, whether in fact or opinion. E. & O.E.


Name and Address: OHS Care 76 Steel Road Spartan Kempton Park		Calibration Certificate Number:  R07A20J000350 - P2049	
	Audiometer	Left Earphone	Right Earphone
Make:	Resonance	DD45	DD45
Model:	RA027	DD45	DD45
Serial Number:	R07A20J000350	WT400998	WT408807
Chassis/Console:		Bone Conductor No:	N/A
Insert Earphones:			
HDA Earphones:			
Calibration Site:	Amtronix Labs	Audiometer/Booth Number:	2
For Compliance With: SANS 10154			
Calibration Expiry Date: 2021/05/26		Function: Mobile	
Calibration Equipment		Calibration Date	
Artificial Mastoid:			
Sound Level Meter:		Rion NA-27 #0642282	Oct-'20
Sound Level Calibrator:		Larson Davis CAL200#15669	Oct-'20
1/3 Octave Filter:		Rion NA-27 #10642282	Oct-'20
Frequency Counter:		TrpTronic T45C #460000093	Sep-'20
Artificial Ear:		Larson Davis AEC201 #0341	Sep-'20
Microphones:		167007#	Oct-'20
This certificate becomes invalid if the Booth is: <ul style="list-style-type: none"> <li>i. Subjected to any misuse or rough handling</li> <li>ii. Subjected to repairs, including replacement of an earphone or insert.</li> <li>iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.</li> </ul>			
<b>Remarks:</b> This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request. This certificate is valid for 3 Months (90 Days)			
<b>Customer Notes:</b> Equipment in good working order.			
<b>Modifiers calibrated are:</b>		<b>Air Conduction:</b> Yes <b>Bone Conduction:</b> N/A <b>Free Field Speakers:</b> N/A <b>Inserts:</b> N/A	
<b>Filters:</b>	<b>NB:</b> N/A <b>SN:</b> N/A <b>WN:</b> N/A	<b>Speech:</b> N/A	
<b>Booth tested Fan Off:</b> Yes SANS 10182 (Booth)		<b>Booth Type:</b> Built-in	
<b>Booth Certified to Required Levels:</b>			
	Hz    AP    8K    4K    2K    1K    500    250    125		
<b>Only Valid until next move</b>	dB    52.3    13.4    14.3    11.6    9.7    10.3    15.4    23.1		
Certification Officer:   Peter Makamela (PM)		Date & Time:  2021/02/26 15:16	

Name and Address: OHS Care 76 Steel Road Spartan Kempton Park						Calibration Certificate Number:  021564 - P2043				
		<b>Audiometer</b>		<b>Left Earphone</b>		<b>Right Earphone</b>				
Make:		Tremetrics		Telephonics		Telephonics				
Model:		RA300		TDH 39P		TDH 39P				
Serial Number:		021564		M126305		M137625				
Chassis/Console:				Bone Conductor No:		N/A				
Insert Earphones:										
HDA Earphones:										
Calibration Site:		Amtronix Labs		Audiometer/Booth Number:		02				
For Compliance With:		SANS 10154								
Calibration Expiry Date:		2021/06/19		Function:		Mobile				
<b>Calibration Equipment</b>						<b>Calibration Date</b>				
Artificial Mastoid:										
Sound Level Meter:		Rion NA-27 #0642282				Oct-'20				
Sound Level Calibrator:		Larson Davis CAL200#15669				Oct-'20				
1/3 Octave Filter:		Rion NA-27 #10642282				Oct-'20				
Frequency Counter:		TrpTronic T45C #460000093				Sep-'20				
Artificial Ear:		Larson Davis AEC201 #0341				Sep-'20				
Microphones:		167007#				Oct-'20				
This certificate becomes invalid if the Booth is: <ul style="list-style-type: none"> <li>i. Subjected to any misuse or rough handling</li> <li>ii. Subjected to repairs, including replacement of an earphone or insert.</li> <li>iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.</li> </ul>										
<b>Remarks:</b> This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request. This certificate is valid for 3 Months (90 Days)										
<b>Customer Notes:</b> Equipment in good working order.										
<b>Modifiers calibrated are:</b>		<b>Air Conduction:</b>		Yes		<b>Bone Conduction:</b>		N/A		
		<b>Free Field Speakers:</b>		N/A		<b>Inserts:</b>		N/A		
<b>Filters:</b>	<b>NB:</b>	N/A	<b>SN:</b>	N/A	<b>WN:</b>	N/A	<b>Speech:</b>	N/A		
<b>Booth tested Fan Off:</b>		Yes		SANS 10182 (Booth)		<b>Booth Type:</b>		Built-in		
<b>Booth Certified to Required Levels:</b>		Hz	AP	8K	4K	2K	1K	500	250	125
<b>Only Valid until next move</b>		dB	67.3	18.3	17.4	12.4	10.8	11.7	19.7	27.3
Certification Officer:   <b>Peter Makamela (PM)</b>						Date & Time:  2021/03/19 15:15				



Name and Address: OHS Care 76 Steel Road Spartan Kempton Park						Calibration Certificate Number:  103001 - P2043				
		<b>Audiometer</b>		<b>Left Earphone</b>		<b>Right Earphone</b>				
Make:		Tremetrics		Telephonics		Telephonics				
Model:		RA300		TDH 39P		TDH 39P				
Serial Number:		103001		C501204		C501238				
Chassis/Console:				Bone Conductor No:		N/A				
Insert Earphones:										
HDA Earphones:										
Calibration Site:				Amtronix Labs		Audiometer/Booth Number:		01		
For Compliance With:				SANS 10154						
Calibration Expiry Date:				2021/06/19		Function:		Mobile		
<b>Calibration Equipment</b>						<b>Calibration Date</b>				
Artificial Mastoid:										
Sound Level Meter:				Rion NA-27 #0642282		Oct-'20				
Sound Level Calibrator:				Larson Davis CAL200#15669		Oct-'20				
1/3 Octave Filter:				Rion NA-27 #10642282		Oct-'20				
Frequency Counter:				TrpTronic T45C #460000093		Sep-'20				
Artificial Ear:				Larson Davis AEC201 #0341		Sep-'20				
Microphones:				167007#		Oct-'20				
This certificate becomes invalid if the Booth is: <ul style="list-style-type: none"> <li>i. Subjected to any misuse or rough handling</li> <li>ii. Subjected to repairs, including replacement of an earphone or insert.</li> <li>iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.</li> </ul>										
<b>Remarks:</b> This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request. This certificate is valid for 3 Months (90 Days)										
<b>Customer Notes:</b> Equipment in good working order.										
<b>Modifiers calibrated are:</b>				<b>Air Conduction:</b> Yes		<b>Bone Conduction:</b> N/A				
				<b>Free Field Speakers:</b>		N/A		<b>Inserts:</b> N/A		
<b>Filters:</b>		<b>NB:</b> N/A		<b>SN:</b> N/A		<b>WN:</b> N/A		<b>Speech:</b> N/A		
<b>Booth tested Fan Off:</b> Yes				SANS 10182 (Booth)		<b>Booth Type:</b> Built-in				
<b>Booth Certified to Required Levels:</b>		Hz	AP	8K	4K	2K	1K	500	250	125
<b>Only Valid until next move</b>		dB	71.3	16.1	18.1	13.1	11.5	14.1	18.5	26.9
Certification Officer:   Peter Makamela (PM)						Date & Time:  2021/03/19 15:15				


Name and Address: OHS Care 76 Steel Road Spartan Kempton Park						Calibration Certificate Number:  R07A2CJ000352 - P2049			
		Audiometer		Left Earphone		Right Earphone			
Make:		Resonance		DD45		DD45			
Model:		RA027		DD45		DD45			
Serial Number:		R07A2CJ000352		WT408812		WT401157			
Chassis/Console:				Bone Conductor No:		N/A			
Insert Earphones:									
HDA Earphones:									
Calibration Site:		Amtronix Labs		Audiometer/Booth Number:		1			
For Compliance With:		SANS 10154							
Calibration Expiry Date:		2021/05/26		Function:		Mobile			
Calibration Equipment						Calibration Date			
Artificial Mastoid:									
Sound Level Meter:		Rion NA-27 #0642282				Oct-'20			
Sound Level Calibrator:		Larson Davis CAL200#15669				Oct-'20			
1/3 Octave Filter:		Rion NA-27 #10642282				Oct-'20			
Frequency Counter:		TrpTronic T45C #460000093				Sep-'20			
Artificial Ear:		Larson Davis AEC201 #0341				Sep-'20			
Microphones:		167007#				Oct-'20			
This certificate becomes invalid if the Booth is: <ul style="list-style-type: none"> <li>i. Subjected to any misuse or rough handling</li> <li>ii. Subjected to repairs, including replacement of an earphone or insert.</li> <li>iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.</li> </ul>									
<b>Remarks:</b> This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request. This certificate is valid for 3 Months (90 Days)									
<b>Customer Notes:</b> Equipment in good working order.									
Modifiers calibrated are:		Air Conduction: Yes		Bone Conduction: N/A					
		Free Field Speakers:		N/A		Inserts: N/A			
Filters:		NB: N/A		SN: N/A		WN: N/A			
						Speech: N/A			
Booth tested Fan Off:		Yes SANS 10182 (Booth)		Booth Type:		Built-in			
Booth Certified to Required Levels:		Hz	AP	8K	4K	2K	1K		
		dB	45.3	12.0	13.7	10.8	9.6		
Only Valid until next move									
Certification Officer:   Peter Makamela (PM)						Date & Time:  2021/02/26 15:16			


Name and Address: OHS Care 76 Steel Road Spartan Kempton Park						Calibration Certificate Number:  R07A20J000350 - P2049				
		<b>Audiometer</b>		<b>Left Earphone</b>		<b>Right Earphone</b>				
<b>Make:</b>		Resonance		DD45		DD45				
<b>Model:</b>		RA027		DD45		DD45				
<b>Serial Number:</b>		R07A20J000350		WT400998		WT408807				
<b>Chassis/Console:</b>				<b>Bone Conductor No:</b>		N/A				
<b>Insert Earphones:</b>										
<b>HDA Earphones:</b>										
<b>Calibration Site:</b>		Amtronix Labs		<b>Audiometer/Booth Number:</b>		2				
<b>For Compliance With:</b>		SANS 10154								
<b>Calibration Expiry Date:</b>		2021/05/26		<b>Function:</b>		Mobile				
<b>Calibration Equipment</b>						<b>Calibration Date</b>				
<b>Artificial Mastoid:</b>										
<b>Sound Level Meter:</b>		Rion NA-27 #0642282				Oct-'20				
<b>Sound Level Calibrator:</b>		Larson Davis CAL200#15669				Oct-'20				
<b>1/3 Octave Filter:</b>		Rion NA-27 #10642282				Oct-'20				
<b>Frequency Counter:</b>		TrpTronic T45C #460000093				Sep-'20				
<b>Artificial Ear:</b>		Larson Davis AEC201 #0341				Sep-'20				
<b>Microphones:</b>		167007#				Oct-'20				
This certificate becomes invalid if the Booth is: <ul style="list-style-type: none"> <li>i. Subjected to any misuse or rough handling</li> <li>ii. Subjected to repairs, including replacement of an earphone or insert.</li> <li>iii. Moved from site of calibration by road, rail or air, unless the procedures in SANS10154:2006 Annex A are followed.</li> </ul>										
<b>Remarks:</b> This Audiometer is hereby certified calibrated in accordance with ISO R389 and/or ANSI S3.6 and/or SANS 10154:2006. IEC 645-1,-2, including booth to SANS 10182. This audiometer complies to Type2 and/or Type3 and/or Type4 specifications. Calibration level are available on request. This certificate is valid for 3 Months (90 Days)										
<b>Customer Notes:</b> Equipment in good working order.										
<b>Modifiers calibrated are:</b>		<b>Air Conduction:</b> Yes		<b>Bone Conduction:</b> N/A						
		<b>Free Field Speakers:</b>		N/A		<b>Inserts:</b> N/A				
<b>Filters:</b>	<b>NB:</b> N/A	<b>SN:</b> N/A	<b>WN:</b> N/A	<b>Speech:</b> N/A						
<b>Booth tested Fan Off:</b> Yes		SANS 10182 (Booth)		<b>Booth Type:</b> Built-in						
<b>Booth Certified to Required Levels:</b>		Hz	AP	8K	4K	2K	1K	500	250	125
<b>Only Valid until next move</b>		dB	52.3	13.4	14.3	11.6	9.7	10.3	15.4	23.1
<b>Certification Officer:</b>   <b>Peter Makamela (PM)</b>						<b>Date &amp; Time:</b>  2021/02/26 15:16				




## 8.4.1. Mobile Audio Calibration


## 8.4.2. Vision Screening Calibration

Name and Address: OHS Care (Pty) Ltd 76 Steel Road Spartan Kemton Park 1619		Calibration Certificate Number:  <p style="text-align: center;">V14830 - P2054</p>	
<b>Vision Screener Information</b>			
Make:	Titmus		
Model:	V4		
Serial Number:	V14830		
Certification Site:	On Site		
Calibration Expiry Date:	2021/09/25	Function: Fixed Installation	
<b>Far Point Certification</b>		<b>Near Point Certification</b>	
<b>Day Illumination</b>		<b>Day Illumination</b>	
Binocular	OK	Binocular	OK
Visual Acuity Both	OK	Visual Acuity Both	OK
Visual Acuity Left	OK	Visual Acuity Left	OK
Visual Acuity Right	OK	Visual Acuity Right	OK
Stereo Depth Perception	OK	Stereo Depth Perception	OK
Colour Perception	OK	Colour Perception	OK
Balance Vertical	OK	Balance Vertical	OK
Balance Lateral	OK	Balance Lateral	OK
<b>Night Illumination</b>		<b>Night Illumination</b>	
Binocular	OK	Binocular	OK
Visual Acuity Both	OK	Visual Acuity Both	OK
Visual Acuity Left	OK	Visual Acuity Left	OK
Visual Acuity Right	OK	Visual Acuity Right	OK
Stereo Depth Perception	OK	Stereo Depth Perception	OK
Colour Perception	OK	Colour Perception	OK
Balance Vertical	OK	Balance Vertical	OK
Balance Lateral	OK	Balance Lateral	OK
<b>Horizontal Visual Field</b>			
Left Peripheral	45° OK	55° OK	70° OK 85° OK
Right Peripheral	45° OK	55° OK	70° OK 85° OK
<b>Customer Notes:</b> Equipment in good working order.			
Certification Officer:   <b>Peter Makamela (PM)</b>		Date & Time:  <p style="text-align: center;">2020/09/25 11:21</p>	

Name and Address: OHS Care (Pty) Ltd 76 Steel Road Spartan Kemton Park 1619		Calibration Certificate Number:  <p style="text-align: center;">V08488 - P2054</p>		
Vision Screener Information				
Make:	Titmus			
Model:	V4			
Serial Number:	V08488			
Certification Site:	On Site			
Calibration Expiry Date:	2021/09/25	Function: Fixed Installation		
Far Point Certification		Near Point Certification		
Day Illumination		Day Illumination		
Binocular	OK	Binocular	OK	
Visual Acuity Both	OK	Visual Acuity Both	OK	
Visual Acuity Left	OK	Visual Acuity Left	OK	
Visual Acuity Right	OK	Visual Acuity Right	OK	
Stereo Depth Perception	OK	Stereo Depth Perception	OK	
Colour Perception	OK	Colour Perception	OK	
Balance Vertical	OK	Balance Vertical	OK	
Balance Lateral	OK	Balance Lateral	OK	
Night Illumination		Night Illumination		
Binocular	OK	Binocular	OK	
Visual Acuity Both	OK	Visual Acuity Both	OK	
Visual Acuity Left	OK	Visual Acuity Left	OK	
Visual Acuity Right	OK	Visual Acuity Right	OK	
Stereo Depth Perception	OK	Stereo Depth Perception	OK	
Colour Perception	OK	Colour Perception	OK	
Balance Vertical	OK	Balance Vertical	OK	
Balance Lateral	OK	Balance Lateral	OK	
Horizontal Visual Field				
Left Peripheral	45° OK	55° OK	70° OK	85° OK
Right Peripheral	45° OK	55° OK	70° OK	85° OK
<b>Customer Notes:</b> Equipment in good working order.				
Certification Officer:   <b>Peter Makamela (PM)</b>			Date & Time:  <p style="text-align: center;">2020/09/25 11:21</p>	

Name and Address: OHS Care (Pty) Ltd 1 Pilgrim Road Barberton 1300		Calibration Certificate Number:  <p style="text-align: center;">i05774 - P2054</p>	
<b>Vision Screener Information</b>			
Make:	Titmus		
Model:	i400		
Serial Number:	i05774		
Certification Site:	On Site		
Calibration Expiry Date:	2021/09/25	Function: Fixed Installation	
<b>Far Point Certification</b>		<b>Near Point Certification</b>	
<b>Day Illumination</b>		<b>Day Illumination</b>	
Binocular	OK	Binocular	OK
Visual Acuity Both	OK	Visual Acuity Both	OK
Visual Acuity Left	OK	Visual Acuity Left	OK
Visual Acuity Right	OK	Visual Acuity Right	OK
Stereo Depth Perception	OK	Stereo Depth Perception	OK
Colour Perception	OK	Colour Perception	OK
Balance Vertical	OK	Balance Vertical	OK
Balance Lateral	OK	Balance Lateral	OK
<b>Night Illumination</b>		<b>Night Illumination</b>	
Binocular	OK	Binocular	OK
Visual Acuity Both	OK	Visual Acuity Both	OK
Visual Acuity Left	OK	Visual Acuity Left	OK
Visual Acuity Right	OK	Visual Acuity Right	OK
Stereo Depth Perception	OK	Stereo Depth Perception	OK
Colour Perception	OK	Colour Perception	OK
Balance Vertical	OK	Balance Vertical	OK
Balance Lateral	OK	Balance Lateral	OK
<b>Horizontal Visual Field</b>			
Left Peripheral	45° OK	55° OK	70° OK 85° OK
Right Peripheral	45° OK	55° OK	70° OK 85° OK
<b>Customer Notes:</b> Equipment in good working order.			
Certification Officer:   <b>Peter Makamela (PM)</b>		Date & Time:  <p style="text-align: center;">2020/09/25 10:42</p>	



Name and Address: OHS Care (Pty) Ltd 76 Steel Road Spartan Kemton Park 1619				Calibration Certificate Number:  <p style="text-align: center; font-weight: bold;">i02851 - P2054</p>	
Vision Screener Information					
Make:		Titmus			
Model:		i400			
Serial Number:		i02851			
Certification Site:		On Site			
Calibration Expiry Date:		2021/09/25		Function: Fixed Installation	
Far Point Certification			Near Point Certification		
Day Illumination			Day Illumination		
Binocular	OK	Binocular	OK		
Visual Acuity Both	OK	Visual Acuity Both	OK		
Visual Acuity Left	OK	Visual Acuity Left	OK		
Visual Acuity Right	OK	Visual Acuity Right	OK		
Stereo Depth Perception	OK	Stereo Depth Perception	OK		
Colour Perception	OK	Colour Perception	OK		
Balance Vertical	OK	Balance Vertical	OK		
Balance Lateral	OK	Balance Lateral	OK		
Night Illumination			Night Illumination		
Binocular	OK	Binocular	OK		
Visual Acuity Both	OK	Visual Acuity Both	OK		
Visual Acuity Left	OK	Visual Acuity Left	OK		
Visual Acuity Right	OK	Visual Acuity Right	OK		
Stereo Depth Perception	OK	Stereo Depth Perception	OK		
Colour Perception	OK	Colour Perception	OK		
Balance Vertical	OK	Balance Vertical	OK		
Balance Lateral	OK	Balance Lateral	OK		
Horizontal Visual Field					
Left Peripheral	45° OK	55° OK	70° OK	85° OK	
Right Peripheral	45° OK	55° OK	70° OK	85° OK	
<b>Customer Notes:</b> Equipment in good working order.					
Certification Officer:   <b>Peter Makamela (PM)</b>				Date & Time:  <p style="text-align: center;">2020/09/25 11:21</p>	



Name and Address:  
OHS Care (Pty) Ltd  
1 Pilgrim Road  
Barberton  
1300

Calibration Certificate  
Number:

CA-55422 - P2054

### Vision Screener Information

<b>Make:</b>	Titmus			
<b>Model:</b>	2a			
<b>Serial Number:</b>	CA-55422			
<b>Certification Site:</b>	On Site			
<b>Calibration Expiry Date:</b>	2021/09/25	<b>Function:</b>	Fixed Installation	
<b>Far Point Certification</b>		<b>Near Point Certification</b>		
<b>Day Illumination</b>		<b>Day Illumination</b>		
Binocular	OK	Binocular	OK	
Visual Acuity Both	OK	Visual Acuity Both	OK	
Visual Acuity Left	OK	Visual Acuity Left	OK	
Visual Acuity Right	OK	Visual Acuity Right	OK	
Stereo Depth Perception	OK	Stereo Depth Perception	OK	
Colour Perception	OK	Colour Perception	OK	
Balance Vertical	OK	Balance Vertical	OK	
Balance Lateral	OK	Balance Lateral	OK	
<b>Night Illumination</b>		<b>Night Illumination</b>		
Binocular	OK	Binocular	OK	
Visual Acuity Both	OK	Visual Acuity Both	OK	
Visual Acuity Left	OK	Visual Acuity Left	OK	
Visual Acuity Right	OK	Visual Acuity Right	OK	
Stereo Depth Perception	OK	Stereo Depth Perception	OK	
Colour Perception	OK	Colour Perception	OK	
Balance Vertical	OK	Balance Vertical	OK	
Balance Lateral	OK	Balance Lateral	OK	
<b>Horizontal Visual Field</b>				
Left Peripheral	45° OK	55° OK	70° OK	85° OK
Right Peripheral	45° OK	55° OK	70° OK	85° OK

**Customer Notes:**

Equipment in good working order.


Certification Officer:



Peter Makamela (PM)

Date & Time:

2020/09/25 10:42

Name and Address: OHS Care (Pty) Ltd 1 Pilgrim Road Barberton 1300				Calibration Certificate Number:  CA-51377 - P2054	
<b>Vision Screener Information</b>					
Make:		Titmus			
Model:		2a			
Serial Number:		CA-51377			
Certification Site:		On Site			
Calibration Expiry Date: 2021/09/25			Function: Fixed Installation		
Far Point Certification			Near Point Certification		
Day Illumination			Day Illumination		
Binocular	OK	Binocular	OK		
Visual Acuity Both	OK	Visual Acuity Both	OK		
Visual Acuity Left	OK	Visual Acuity Left	OK		
Visual Acuity Right	OK	Visual Acuity Right	OK		
Stereo Depth Perception	OK	Stereo Depth Perception	OK		
Colour Perception	OK	Colour Perception	OK		
Balance Vertical	OK	Balance Vertical	OK		
Balance Lateral	OK	Balance Lateral	OK		
Night Illumination			Night Illumination		
Binocular	OK	Binocular	OK		
Visual Acuity Both	OK	Visual Acuity Both	OK		
Visual Acuity Left	OK	Visual Acuity Left	OK		
Visual Acuity Right	OK	Visual Acuity Right	OK		
Stereo Depth Perception	OK	Stereo Depth Perception	OK		
Colour Perception	OK	Colour Perception	OK		
Balance Vertical	OK	Balance Vertical	OK		
Balance Lateral	OK	Balance Lateral	OK		
Horizontal Visual Field					
Left Peripheral	45° OK	55° OK	70° OK	85° OK	
Right Peripheral	45° OK	55° OK	70° OK	85° OK	
<b>Customer Notes:</b> Equipment in good working order.					
Certification Officer:   Peter Makamela (PM)			Date & Time:  2020/09/25 10:42		

## **9. Office Lease Agreement and Members Municipal Accounts Statements**

### **9.1 Head Office Lease Agreement**

#### **9.1.1 Landlord Invoice**

### **9.2 Members Municipal Account Statement**

#### **9.2.1 Lesego Parkies Municipal Account Statement**

#### **9.2.2 Patronella Wood Municipal Account Statement**

#### **9.2.3 Vivian Mashilwane Lease Agreement and Invoice**

#### **9.2.4 Pierre Ackermann Municipal Account Statement**

## 9.1 Head Office Lease Agreement

## AGREEMENT OF LEASE RENEWAL

In relation to the agreement of lease entered into on 15 October 2014 (herein referred to as the "Original Lease").

### 1. THE PARTIES

Lessor : R & B 76 Family Trust (Registration Number : IT4198/11)

and

Lessee : OHS Care (Registration Number :2008/234142/23)

The Parties further agree to extend the Original Lease on "The Premises" for a further term of 3 year/s. The renewed lease will begin on 1 November 2020, and end on the 31 October 2023. (herein referred to as the "Renewal Term")

### 2. THE PREMISES:

ERF 152 Spartan, No 76 Steel Road, Industrial Park 2, Ekurhuleni, Unit 1A

### 3. TERMS AND CONDITIONS:

All terms and conditions of the Original Lease shall remain in full effect during the Renewal Term, except for the following amendments:

3.1 For the Renewal Term, the Lessee agrees to pay rental to the Lessor of R 27 500.00 per month plus VAT on or before the FIRST day of each month.

3.2 The Lessee shall have the right to renew this lease subject to the conditions set out below.

3.2.1 The period for which this lease may be so renewed is 1 year, commencing immediately following the date of expiry of the term of this renewed lease.

3.2.2 All the terms of this lease shall continue to apply during the renewal period, save that the rent shall be at prevailing market related rentals.

Thus done and signed at Kempton Park on the 01 day of November 2020.

  
Witness

  
LESSOR

Thus done and signed at KEMPTON PARK on the 5 day of NOVEMBER 2020.

  
Witness

  
Lessee

## 9.1.1 Landlord Invoice





# TAX INVOICE

OHSCARE  
Unit 1A, 76 Steel Road,  
Spartan, Kempton Park

VAT: 462 0196 206

**R&B 76 Family Trust**  
**P.O.Box 7690**  
**Birchleigh, Kempton Park, 1619**

**VAT: 4790 259 891**

**REFERENCE** Building : Unit 1A  
Due Date : 01/04/2021  
Page No : 1 of 1

INVOICE NUMBER : 01042021D

NUMBER	DATE	DETAILS	NET AMOUNT	V.A.T.		TOTAL
				AMOUNT	%	
621779	01/04/2021	Rental- 76 Steel Road, Spartan, Kempton Park	R 27 500.00	R 4 125.00	15.00	R 31 625.00
620041	01/04/2021	Electricity 01/04/2021 – 30/04/2021	R 3 310.20	R 496.53	15.00	R 3 806.73
621776	01/04/2021	Refuse	R 488.71	R 73.31	15.00	R 562.02
621777	01/04/2021	Sewerage	R 202.23	R 30.33	15.00	R 232.56
621778	01/04/2021	Water	R 568.21	R 85.23	15.00	R 653.44
621779	01/04/2021	24hr Security	R 2 500.00	R 375.00	15.00	R 2 875.00
621780		Payment – Thank you				R – 31 625.00
621781	01/04/2021	Rental 01/05/2021	R 27 500.00	R 4 125.00	15.00	R 31 625.00
	01/04/2021	Storage Unit May	R 2 500.00	R 375.00	15.00	R 2 875.00

**TOTAL**

**R 42 629.75**

## PAYMENTS TO BE MADE

Account Holder: R & B 76 Family Trust  
Bank: ABSA  
Account: 407 870 5602  
Branch Code: 632005

## **9.2. Members Municipal Account Statement**

- 9.2.1. Lesego Parkies Municipal Account Statement**
- 9.2.2. Patronella Wood Municipal Account Statement**
- 9.2.3. Vivian Mashilwane Lease Agreement and  
Invoice**
- 9.2.4. Pierre Ackermann Municipal Account Statement**

## 9.2.1. Lesego Parkies Municipal Account Statement



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siyakhokha@ekurhuleni.gov.za



Phone: 0860 543 000  
Email: callcentre@ekurhuleni.gov.za  
Twitter: @EMM\_Call\_Centre

COPY TAX INVOICE

VAT Reg No. 4280193493

Invoice Number:  
17074544172021/04/22

Name	LQ E PARKIES		Account Number	1707454417	
Ward Number	15	Payments Included Until	18-05-2021	Vat Reg. No.	
Street Address		Electricity / Water Deposit		Statement Date	
		Cash	Guarantee		
4 CORNELIS AVENUE		3340.00	0.00	22-04-2021	
Township		Valuation			
		Site	Improvements	Total Value	
GLENMARAIS			1529000	1529000	
ERF Number	R51 000 00000164	Portion	00000 0000 0000	Area m2	1123

Date	Icon	Details	Charge (excl. VAT)	VAT	Charge (incl. VAT)
23-04-2021		BALANCE BROUGHT FORWARD	2731.42		2731.42
23-04-2021		PAYMENT - THANK YOU	-2732.00		-2732.00
23-04-2021		SUB TOTAL	-0.58		-0.58
23-04-2021		REVERSAL	-138.67	-20.80	-159.47
23-04-2021		FINAL NOTICE	138.67	20.80	159.47
<b>PROPERTY RATES</b>					
23-04-2021	🏠	PROPERTY RATES RESIDENTIAL	1340.42		1340.42
23-04-2021	🏠	VA-VALUE-EXCLUSION	-131.50		-131.50
<b>ELECTRICITY SERVICE</b>					
23-04-2021	⚡	FIXED CHARGE	43.82	6.57	50.39

30 Days	60 Days	90 Days	90 + Days	Total Charge (excl.VAT)	Total VAT	Total Charge (incl.VAT)
0.00	0.00	0.00	0.00	2331.30	168.44	2499.74
Amount In Advance		0.00	Due Date	18-05-2021	Amount Payable	2500.00

MESSAGE



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REMITTANCE  
ADVICE

VAT Reg No.  
4280193493

>>>>>> 9 1333 1707 4544 170

1707454417

115441707454417

Name	LQ E PARKIES
Account Number	1707454417
Due Date	18-05-2021
Amount Payable	2500.00



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COPY TAX INVOICE

VAT Reg No. 4280193493

Invoice Number:  
17074544172021/04/22

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<b>Name</b>	LQ E PARKIES		<b>Account Number</b>	1707454417	
<b>Ward Number</b>	15	<b>Payments Included Until</b>	18-05-2021	<b>Vat Reg. No.</b>	
<b>Street Address</b>			<b>Electricity / Water Deposit</b>		<b>Statement Date</b>
4 CORNELIS AVENUE			<b>Cash</b>	<b>Guarantee</b>	
			3340.00	0.00	22-04-2021
<b>Township</b>			<b>Valuation</b>		
GLENMARAIS			<b>Site</b>	<b>Improvements</b>	<b>Total Value</b>
				1529000	1529000
<b>ERF Number</b>	R51 000 00000164	<b>Portion</b>	00000 0000 0000	<b>Area m2</b>	1123

23-04-2021	⌚	METER-NO 394729 TARIFF: ELB-RESIDENTIAL 230/			
23-04-2021	⌚	Curr = 43625 Prev = 43453 Cons = 172			
23-04-2021	⌚	Reading dates: Curr 21/04/06 Prev 21/03/05			
23-04-2021	⌚	172.000 kWh	350.66	52.60	403.26
<b>REFUSE REMOVAL</b>					
23-04-2021	🗑	REFUSE: DOMESTIC 240L BIN	174.41	26.16	200.57
<b>WATER SERVICE</b>					
23-04-2021	⚙	METER-NO 201057718 TARIFF: WATER-RESIDENTIAL			
23-04-2021	⚙	Curr = 226 Prev = 210 Cons = 16			
23-04-2021	⚙	Reading dates: Curr 21/04/06 Prev 21/03/05			

<b>30 Days</b>	<b>60 Days</b>	<b>90 Days</b>	<b>90 + Days</b>	<b>Total Charge (excl.VAT)</b>	<b>Total VAT</b>	<b>Total Charge (incl.VAT)</b>
0.00	0.00	0.00	0.00	2331.30	168.44	2499.74
<b>Amount In Advance</b>		0.00	<b>Due Date</b>	18-05-2021	<b>Amount Payable</b>	2500.00

MESSAGE



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Twitter: @EMM\_Call\_Centre



REMITTANCE  
ADVICE

VAT Reg No.  
4280193493

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> > > > > > 9 1333 1707 4544 170
   

 1707454417
   

 115441707454417

Name  
LQ E PARKIES
   
 Account Number  
1707454417
   
 Due Date  
18-05-2021
   
 Amount Payable  
2500.00





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Phone: 0860 543 000  
Email: callcentre@ekurhuleni.gov.za  
Twitter: @EMM\_Call\_Centre

COPY TAX INVOICE

VAT Reg No. 4280193493

Invoice Number:  
1707454417/2021/04/22

<b>Name</b>	LQE PARKIES		<b>Account Number</b>	1707454417	
<b>Ward Number</b>	15	<b>Payments Included Until</b>	18-05-2021	<b>Vat Reg. No.</b>	
<b>Street Address</b>			<b>Electricity / Water Deposit</b>		<b>Statement Date</b>
			<b>Cash</b>	<b>Guarantee</b>	
4 CORNELIS AVENUE			3340.00	0.00	22-04-2021
<b>Township</b>			<b>Valuation</b>		
			<b>Site</b>	<b>Improvements</b>	<b>Total Value</b>
GLENMARAIS				1529000	1529000
<b>ERF Number</b>	R51 000 00000164	<b>Portion</b>	00000 0000 0000	<b>Area m2</b>	1123

23-04-2021		WATER 16 kl	301.86	45.28	347.14
<b>SEWERAGE</b>					
23-04-2021		SEWER-RESIDENTIAL 16 kl	252.21	37.83	290.04
23-04-2021		TOTAL CURRENT LEVY 2500.32			

<b>30 Days</b>	<b>60 Days</b>	<b>90 Days</b>	<b>90 + Days</b>	<b>Total Charge (excl.VAT)</b>	<b>Total VAT</b>	<b>Total Charge (incl.VAT)</b>
0.00	0.00	0.00	0.00	2331.30	168.44	2499.74
<b>Amount In Advance</b>		0.00	<b>Due Date</b>	18-05-2021	<b>Amount Payable</b>	2500.00

MESSAGE



**City of Ekurhuleni**

a partnership that works

www.siyakhokha.ekurhuleni.gov.za



Siyakhokha Portal  
siyakhokha@ekurhuleni.gov.za



Phone: 0860 543 000  
Email: callcentre@ekurhuleni.gov.za  
Twitter: @EMM\_Call\_Centre



REMITTANCE  
ADVICE

VAT Reg No.  
4280193493

>>>>>> 9 1333 1707 4544 170
   
 1707454417
 115441707454417

Name  
LQE PARKIES
   
 Account Number  
1707454417
   
 Due Date  
18-05-2021
   
 Amount Payable  
2500.00



EMERGENCY PHONE NUMBERS	
Municipal Services Complaints Call Centre (Non-Life Threatening )	Life Threatening Emergencies
0860-543 000	011 458-0911 / 10177
Electricity supply Water & Sewerage supply Roads, Transport & Civil Works Health & Social Development Environment, Solid Waste & Parks	All Fires Emergency Medical Assistance Metro Police Incidents / Disasters

## IMPORTANT NOTICE

### 1. FINAL NOTICE

FINAL NOTICE ISSUED IN TERMS OF SECTION 12.(1) OF THE ELECTRICAL SUPPLY BY-LAWS IN RESPECT OF CURRENT ACCOUNT AND DEBT BALANCE BROUGHT FORWARD. FAILURE TO PAY THE AMOUNT PAYABLE BEFORE DUE DATE, MAY RESULT IN ELECTRICITY SUPPLY BEING DISCONNECTED WITHOUT ANY FURTHER NOTICE. PRESCRIBED FEE FOR DISCONNECTION AND RECONNECTION SHALL BE CHARGED AND YOUR DEPOSIT MAY BE INCREASED. IMMEDIATE RECONNECTION OF SUPPLY AFTER PAYMENT CANNOT BE ASSURED.

PRE-PAID ELECTRICITY - IN THE EVENT THAT MUNICIPAL ACCOUNT IS IN ARREARS, PURCHASE OF PRE-PAID ELECTRICITY WILL BE BLOCKED ON VENDING SYSTEM UNTIL ALL ARREARS HAVE BEEN SETTLED IN FULL OR A SUITABLE ARRANGEMENT TO SETTLE THE

### 2. ALLOCATION OF PAYMENTS

PART PAYMENT OF YOUR ACCOUNT WILL BE ALLOCATED IN THE PRIORITY ORDER AS DETERMINED BY THE EKURHULENI METROPOLITAN MUNICIPALITY FROM TIME TO TIME

### 3. DEPOSITS

CONSUMER DEPOSITS ARE NOT TRANSFERABLE.

### 4. FINAL READING

FINAL READING REQUESTS MUST BE APPLIED FOR IN WRITING AT LEAST 7 DAYS PRIOR TO PROPERTY BEING VACATED OR TERMINATION DATE.

### 5. CHEQUE PAYMENTS

CHEQUE PAYMENTS MUST BE PLACED IN CHEQUE DEPOSIT BOXES AT CUSTOMER CARE CENTRE. RECEIPTS WILL NOT BE FORWARDED WHEN PAYMENTS ARE MADE BY CHEQUE. PAID CHEQUE WILL BE ACKNOWLEDGED AS RECEIPT OF PAYMENT.

DISHONORED CHEQUE PAYMENTS - ADMIN FEE WILL BE LEVIED AND CREDIT CONTROL WILL BE AFFECTED WITHOUT FURTHER NOTICE. COUNCIL RESERVES THE RIGHT TO REFUSE OR CANCEL FURTHER CHEQUE PAYMENTS FROM CUSTOMER.

### 6. INTEREST

INTEREST WILL BE CHARGED ON ARREAR AMOUNT IF PAYMENT IS NOT RECEIPTED ON OR BEFORE ACCOUNT DUE DATE.

### 7. PAYMENT METHODS

#### 7.1 OFFICIAL BANKER - NEDBANK

#### 7.2 DIRECT PAYMENTS AT NEDBANK BRANCH - INDICATE ON DEPOSIT SLIP THE RELEVANT AUTHORITY TO CREDIT AND TEN-DIGIT MUNICIPAL ACCOUNT NUMBER -

Ekurhuleni Municipality Alberton  
Ekurhuleni Municipality Benoni  
Ekurhuleni Municipality Boksburg  
Ekurhuleni Municipality Brakpan  
Ekurhuleni Municipality Edenvale  
Ekurhuleni Municipality Germiston  
Ekurhuleni Municipality Kempton Park  
Ekurhuleni Municipality Nigel  
Ekurhuleni Municipality Springs

#### 7.3 INTERNET BANKING, DEBIT ORDER, ATM AND TELEPHONE BANKING - EKURHULENI MUNICIPALITY IS A PREDEFINED BENEFICIARY ON ALL INTERNET BANKING PLATFORMS. IT IS MANDATORY TO INCLUDE TEN-DIGIT MUNICIPAL ACCOUNT NUMBER.

#### 7.4 SIYAKHOKHA - VIEW STATEMENT AND MAKE PAYMENT ONLINE BY REGISTERING ON THE CITY OF EKURHULENI PORTAL [WWW.SIYAKHOKHA.EKURHULENI.GOV.ZA](http://WWW.SIYAKHOKHA.EKURHULENI.GOV.ZA)

#### 7.5 PAY AT THE FOLLOWING OUTLETS: ACKERMANS | BOXER | BUILDERS WAREHOUSE | BUILDERS EXPRESS | CHECKERS | MAKRO | PEP | PICK 'N PAY | SOUTH AFRICAN POST OFFICE | SHOPRITE | SPAR | TOP IT UP | USAVE

#### 7.6 NOTE - ELECTRONIC PAYMENTS THROUGH FINANCIAL INSTITUTIONS OR ANY OTHER THIRD PARTY SYSTEM MUST BE PAID NOT LATER THAN 7 DAYS PRIOR TO ACCOUNT DUE DATE. PAYMENT THROUGH 3RD PARTY, WILL ONLY BE DEEMED TO HAVE BEEN RECEIVED WHEN RECEIPTED THROUGH COUNCIL'S FINANCIAL SYSTEM.

#### 8. THIS STATEMENT MUST BE PRODUCED WHEN MAKING A PAYMENT

#### 9. IF YOU DISAGREE WITH THE CONTENTS OF THIS ACCOUNT, PLEASE NOTIFY THE CHIEF FINANCIAL OFFICER IN WRITING, WITHIN A PERIOD OF 7 DAYS

#### 10. NON-RECEIPT OF AN ACCOUNT DOES NOT EXEMPT ANY PERSON FROM THE LIABILITY TO PAY ACCOUNT ON DUE DATE.

## 9.2.2. Patronella Wood Municipal Account Statement



# NKOMAZI MUNICIPALITY

## STATEMENT

Private Bag x 101, MALELANE, 1320

Tel: (013) 790 0386

E Mail: [account.enquiries@nkomazi.gov.za](mailto:account.enquiries@nkomazi.gov.za)

VAT Registration No: 4300102938

WOOD PS POSBUS 476 BARBERTON 1300	<b>STAND NUMBER</b> 002 000 00003420 00000 0000 0000		
	<b>TAX INVOICE</b>	20036110-202103	
	<b>VAT NUMBER</b>		
	<b>ACCOUNT NUMBER</b>	20036110	
	<b>STATEMENT MONTH</b>	2021/03	
	<b>DUE DATE</b>	2021/04/15	
<b>STAND ADDRESS</b> 200034 3420 KLIPSPRINGER(MP) A		<b>ACCOUNT DATE</b>	2021/03/24
		<b>MARKET VALUE</b> 620000.00	<b>AREA</b> 1575
		<b>DEPOSIT</b> 200.00	

METER READINGS - 2021/03/16						
METER NUMBER	METER TYPE	FACTOR	PREVIOUS READING	CURRENT READING	CONSUMPTION	DAYS
809368	MW08	1.00000	1090.000	1090.000	0.000	32

ACCOUNT DETAILS	AMOUNT	VAT	TOTAL
BALANCE B/FWD	325.43		325.43
000018 RECEIPT	-600.00		-600.00
REFUSE RES MARLOTH PARK	84.59	12.69	97.28
ENTRANCE LEVY MARLOTH PARK	35.00	5.25	40.25
ASSESSMENT RATES RESIDENTIAL	475.33		475.33
VA-VALUE-EXCLUSION	-11.50		-11.50
VA-DIS/SUR ON LEVY	-83.49		-83.49
WATER BASIC MARLOTH PARK	38.10	5.72	43.82

90+ DAYS 0.00	90 DAYS 0.00	60 DAYS 0.00	30 DAYS 0.00	CURRENT 287.12	TOTAL 287.12
------------------	-----------------	-----------------	-----------------	-------------------	-----------------

**MESSAGE:**  
NOTICE IS HEREBY GIVEN THAT SHOULD WATER & ELEC BE IN ARREARS BY THE 15TH, SERVICES WILL BE DISCONNECTED. PLS IGNORE IF ACC PAID. [WWW.NKOMAZI.GOV.ZA](http://WWW.NKOMAZI.GOV.ZA).

**NKOMAZI MUNICIPALITY** Private Bag x 101, MALELANE, 1320, Tel: (013) 790 0386

WOOD PS POSBUS 476 BARBERTON 1300		Municipal Bank Details: Bank: STANDARD BANK Account Name: Nkomazi Local Municipality Account Number: 032 610 335 Branch Code: 052 852 Deposit Ref: Your Municipal Acc No	<b>PAYMENT ADVICE</b>  <b>ACCOUNT NUMBER</b> 20036110 <b>ACCOUNT MONTH</b> 2021/03 <b>DUE DATE</b> 2021/04/15 <b>AMOUNT DUE</b> 287.12
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## 9.2.3. Vivian Mashilwane Lease Agreement and Invoice

# Lease

(for Residential Accommodation)

## Memorandum of Agreement

THIS MEMORANDUM OF AGREEMENT made and entered into by and between

hereinafter called the LESSOR whose address is

Carol-Anne Watt  
38 Brentwood lofts  
Benoni.

6005090087084

AND

MABANE VIVIAN MASHUWANE

10.781005 0316 087

hereinafter called the LESSEE whose address is

48 NORTON STREET

51 IMPALA LAKE FLATS

IMPALA PARK, ROSEBURG

1. The LESSOR lets to the LESSEE who hires the following property ("the property")

Including therein

2. The lease is for a fixed period of two years reckoned from the 01 May 2017 and terminating on 31 May 2019 on which date the LESSEE undertakes to vacate the property.
3. The LESSEE has the option to renew the lease for a further period of \_\_\_\_\_ reckoned from the date of termination provided that notice to the LESSOR of the LESSEE'S intention to exercise this option is given in writing at least \_\_\_\_\_ calendar months before the date of termination. During the renewal period the lease shall be on all the conditions contained herein save that the LESSEE shall have no right of further renewal.
- 4a. The rent for the fixed period is R 5400-00 per month payable monthly in advance on the first day of each month, without any deduction whatever, to be paid to the LESSOR at \_\_\_\_\_ or to such other place as the LESSOR in writing from time to time directs.
- 4b. Should the option be exercised in terms of the provisions hereof, the rent for such further period, payable similarly, shall be R 5400-00
5. If during the currency of this lease the Rates and/or Taxes and/or services charges in respect of the property should be increased above the amount payable in respect thereof as at the date of signature hereof, then the LESSEE shall pay the LESSOR such additional Rates and/or Taxes at the rate of one-twelfth thereof per month which shall be paid together with the rent.
6. THE LESSEE SHALL:
- (a) Pay all charges for electricity and water supplied to the property.
  - (b) Pay all amounts due in terms of this lease free of exchange.
  - (c) Not cede or assign the lease.
  - (d) Not sub-let the whole or any part of the property to anyone other than his immediate family in occupation thereof without the written consent of the LESSOR, which consent shall not be unreasonably withheld.
  - (e) Use the leased property only for residential purposes unless the LESSOR's written consent to the use for other purposes is obtained.
  - (f) Keep the property clean, habitable and tidy and care for and maintain the garden and swimming pool.
  - (g) Not make structural or other alterations, additions to or improvements in the property without the written consent of the LESSOR.
  - (h) Permit the LESSOR or his duly authorised Agent to inspect the property at all reasonable times.
  - (i) Not do or allow to be done either by commission or omission anything which would increase the premiums of or vitiate the Policies of insurance on the property.



- (j) Be responsible for the maintenance, repair, upkeep and/or decoration, as the case may be, of the interior of the property including all ceilings, all wall and floor coverings, all doors and windows, all cooking, heating, cooling, lighting, plumbing and airconditioning installations (and any part of any such doors, windows and installations) all other fixtures, fittings, furnishings and any machinery and equipment in or on the property.
- (k) Not cause any noise or nuisance which would in any way disturb the quiet and peaceful occupation of his neighbours.

7. THE LESSOR SHALL:

- (a) Be responsible for the maintenance, and upkeep of the exterior of the property including the roof.
- (b) Not be responsible for any damage caused to the LESSEE by leakage, rain, hail, snow, fire or interruption of water or electricity supplies or any cause whatever.
- (c) Be responsible for payment of Rates and/or Taxes and/or service charges presently assessed on the property, as at the date of signature hereof.
- (d) Be entitled at any time during the currency of the lease to require the LESSEE to reinstate the property at the LESSEE'S expense to the same condition as it was at date hereof.
- (e) Forthwith repair any structural defects which appear in the property.

- 8. In the event of the total or partial destruction of the property or any portion by any cause the LESSOR shall be entitled to terminate the lease failing which it shall continue, but the LESSEE shall during the period during which the property or part thereof is unfit for occupation be entitled to a proportionate abatement of rent. The LESSEE shall have no claim for compensation against the LESSOR, but should the destruction be due to the default or negligence of the LESSEE, his family, servants or persons occupying the property under him, the LESSOR shall under these circumstances be entitled to claim payment of such damages as the LESSOR may have suffered.
- 9. Should the LESSEE fail to pay the rent or any portion thereof on its due date, or breach any other condition of this Lease, and remain in default for seven days after receipt of notice to the LESSEE requiring payment of the rent or the remedy of the breach, as the case may be, or if the LESSEE shall become insolvent, the LESSOR shall have the right forthwith to cancel this lease and to re-enter upon and take possession of the leased property, without prejudice to any claim which the LESSOR may have against the LESSEE for the rent already due or damages for breach of contract or otherwise. If the LESSOR cancels this Lease and the LESSEE disputes the right to cancel and remains in occupation of the property the LESSEE shall pending settlement or resolution of any dispute either by negotiation or litigation continue to pay an amount equivalent to the monthly rental provided in this lease monthly in advance on the first day of each month and the LESSOR shall be entitled to accept and recover such payment the acceptance of which shall be without prejudice to and shall not in any way affect the LESSOR'S claim to cancellation then in dispute. If the dispute is resolved in favour of the LESSOR the payments made and received in terms of this clause shall be deemed to be amounts paid by the LESSEE on account of damages suffered by the LESSOR by reason of the cancellation of this lease and/or the unlawful holding over by the LESSEE.

10. Any relaxation, indulgence or waiver which the LESSOR or his Agents may grant to the LESSEE or any condonation by the LESSOR of any breach of the terms of this lease shall not become binding on the LESSOR who shall at all times be entitled to claim due and prompt performance by the LESSEE of all obligations.
11. Any notice which the LESSOR requires to give to the LESSEE shall be deemed to have been validly given if sent by pre-paid registered letter to the LESSEE at the property or left by the LESSOR or his Agent at such address, which notice shall be deemed to have been received 3 days after posting by registered post, or on the day the notice was delivered by hand in terms of these presents.
12. The LESSEE chooses the property as his domicilium citandi et executandi and consents to the jurisdiction of the Magistrate's Court in respect of any legal proceedings arising out of this lease.
13. No variation of the terms of this lease shall be of any effect unless reduced to writing and signed by the LESSOR and LESSEE or their duly appointed Agent or Agents.
14. The costs of this lease together with the Stamp Duty thereon shall be paid by the LESSEE.
15. SPECIAL CONDITIONS:

IN WITNESS WHEREOF the parties have hereunto set their hands in the presence of the undersigned witnesses:

By the LESSOR at  
day of

on the

AS WITNESSES:

1.   
2. 


  
LESSOR

By the LESSEE at  
day of

on the

AS WITNESSES:

1.   
2. 

  
LESSEE



Select Estates CC - CK 1952/025087/23 T/A Selection Estates  
Selection Estates Property Administrators (Pty) Ltd - Reg. No.  
2013/096532/07

**PROPERTY ADMINISTRATORS**  
81 Main Road Farrarmere Benoni 1501  
P.O. Box 15014 Farrarmere, 1518  
Tel 011 640 6800  
Fax 011 425 0128  
[www.selectionestates.co.za](http://www.selectionestates.co.za)

## Impala Lake Body Corporate

Reg No: SS 226/1995 & SS 227/1995

Email: [accounts2@selectionestates.co.za](mailto:accounts2@selectionestates.co.za)

Contact No.: Accounts Administrator - Tasha Kock -

064-878-7798

## ADDRESS

C/o Selection Estates

P.O Box 15014

Farrarmere

1518

**Carol-Ann Wait**

38 Brentwood Lofts,

Flamboyant Street,

Brentwood Park,

Benoni,

1501

Reference: IMPL-00051-01

Tel: 27795158406

Email: [carol-ann.wait@klm.com](mailto:carol-ann.wait@klm.com)

# INVOICE

INVOICE NO.	INVOICE DATE	DUE DATE	INVOICE TOTAL
INV00885	2021-05-01	2021-05-01	R 5514.33

Account	Description	Qty	Unit Price	Disc	Tax	Total
Levies	Levies	1.00	1007.00	0.00	0.00	1007.00
CSOS Control Account	CSOS Levies	1.00	10.14	0.00	0.00	10.14
Water Recovered	Water Meter (2021-03-01 to 2021-03-31) - Previous: 3198, Current: 3237 - Usage: 39	1.00	1050.90	0.00	0.00	1050.90
Sewerage Recovered	Sewerage (2021-03-01 to 2021-03-31)	1.00	316.29	0.00	0.00	316.29
Electricity Recovered	Electricity Meter (2021-03-01 to 2021-03-31) - Previous: 732, Current: 1782 - Usage: 1050	1.00	2457.00	0.00	0.00	2457.00
Electricity Recovered	Fixed Charge	1.00	0.70	0.00	0.00	0.70
Refuse Recovered	Refuse	1.00	215.62	0.00	0.00	215.62
Security	Security	1.00	456.68	0.00	0.00	456.68

## BANKING DETAILS

Bank Name: ABSA

Account Number: 4045808029

Branch Code: 632005

Reference: IMPL-00051-01

Account Holder: SELECTION ESTATES

Account Type: TRUST

Branch Name: BENONI

Sub-Total excl.	5 514.33
Discount excl.	0.00
Sub-Total excl. (after discount)	5 514.33
<b>TOTAL</b>	<b>R 5 514.33</b>



Selection Estates CC - CK 1992/025087/23 T/A Selection Estates  
Selection Estates Property Administrators (Pty) Ltd - Reg. No.  
2013/09532/07

**PROPERTY ADMINISTRATORS**

01 Main Road Farrarmere Benoni 1501  
P.O. Box 15014 Farrarmere, 1518  
Tel 011 849 6800  
Fax 011 425 0128

[www.selectionestates.co.za](http://www.selectionestates.co.za)

**Impala Lake Body Corporate**

Reg No: SS 226/1995 & SS 227/1995

Email: [accounts2@selectionestates.co.za](mailto:accounts2@selectionestates.co.za)

Contact No.: Accounts Administrator - Tasha Kock -

064-878-7798

**ADDRESS**

C/o Selection Estates

P.O Box 15014

Farrarmere

1518

**Carol-Ann Wait**

38 Brentwood Lofts,

Flamboyant Street,

Brentwood Park,

Benoni,

1501

Reference: IMPL-00051-01

Tel: 27795158406

Email: [carol-ann.wait@klm.com](mailto:carol-ann.wait@klm.com)

**DATE**

**2021-05-01**

# STATEMENT

Date	Source	Description	Debit	Credit	Cumulative
2021-02-01		Balance b/f	0	4530.12	-4 530.12
2021-02-01	Invoice	<a href="#">INV00618</a>	4091.07	0	-439.05
2021-02-26	ABSA: 4045808029	ACB CREDIT IMPL-00051-01 - "Payment - Thank you"	0	3000.00	-3 439.05
2021-03-01	Invoice	<a href="#">INV00707</a>	2832.24	0	-606.81
2021-03-29	ABSA: 4045808029	ACB CREDIT IMPL-00051-01 - "Payment - Thank you"	0	5200.00	-5 806.81
2021-04-01	Invoice	<a href="#">INV00801</a>	5131.53	0	-675.28
2021-05-01	Invoice	<a href="#">INV00885</a>	5514.33	0	4 839.05

120+ days

90+ days

60+ days

30+ days

Current

0.00

0.00

0.00

0.00

4 839.05

**BANKING DETAILS**

Bank Name: ABSA

Account Number: 4045808029

Branch Code: 632005

Account Holder: SELECTION ESTATES

Account Type: TRUST

Branch Name: BENONI

**Total Due**

**R 4 839.05**

## 9.2.4. Pierre Ackermann Municipal Account Statement



**a world class African city**

Computer generated

**COPY OF TAX INVOICE**

PIERRE ACKERMANN  
5 KAREE CRESCENT THORNHILL ESTATE  
MODERFONTEIN  
1609

You can contact us in the following ways

Phone:  
Tel: 0860 56 28 74  
Fax: (011) 358-3408/9

Correspondence:  
P O BOX 5000  
JOHANNESBURG  
2000

E-mail:  
joburgconnect@joburg.org.za

VAT NO: CITY OF JOHANNESBURG: 4760117194  
VAT NO: JOHANNESBURG WATER: 4270191077

VAT NO: PIKITUP: 4790191292  
VAT NO: CITY POWER: 4710191182

Date	2021/04/07
Statement for	April 2021
Physical Address	5 KAREE CRESCENT
Stand No./Portion	00000301 - 00160 - 00
Township	MODDERFONTEIN EXT.2

Stand Size	Number of Dwellings	Date of Valuation	Portion	Municipal Valuation	Region
435 m2	1	2018/07/01	E1	Market Value R 2,516,000.00	Region E WARD 32

Invoice Number: 178004886298

Next Reading Date: 2021/04/29

Client VAT Number:

Deposit: R 600.00

**Account Number: 554213250**

**PIN CODE: xxxxxx**

Previous Account Balance

Less: Incoming Payment (Last Payment Made 2021/03/29)

Sub Total

Current Charges (Excl. VAT)

VAT @ 15%

971.41  
- 2,500.00  
- 1,528.59  
2,967.67  
226.95

90 DAYS +	60 DAYS	30 DAYS	CURRENT	INSTALMENT PLAN	TOTAL AMOUNT OUTSTANDING	Total Due	1,666.03
0.00	0.00	0.00	1,666.03	0.00	1,666.03	Due Date	2021/04/29

Comment on draft IDP & Budget. Join a public mtg from 8 April-5 May 2021 or submit via [budgetinputs@joburg.org.za](mailto:budgetinputs@joburg.org.za) & [ldpinput@joburg.org.za](mailto:ldpinput@joburg.org.za). Closing date 8 May 2021. Docs & details on [www.joburg.org.za](http://www.joburg.org.za)



a world class African city

**Remittance Advice:**

This stub must accompany payment,  
please do not detach if paying at the post office



EasyPay 91115 5542132500



Postal Office 0146 554213250



516008800111159 55421325009

Date: 2021/04/07  
Acc. No.: 554213250

PIERRE ACKERMANN  
5 KAREE CRESCENT



City of Johannesburg Banking details:

Internet banking - Use the banks pre-loaded Company details  
SBSA branch deposits - CIN no AA45 to be used in place of bank acc. nr.  
Client Account No/Deposit Reference 554213250

Total Due	1,666.03
Due Date	2021/04/29





**Account Number: 554213250**

<b>City of Johannesburg Property Rates</b>	<b>VAT 4760117194</b>	<b>Sub - Total</b>	<b>Total Amount</b>
Category of Property: Property Rates Residential The property rates are based on the market values of the property and are calculated as follows: R 2,516,000.00 X R 0.0080590 / 12 ( Billing Period 2021/04 ) Less rates on first R350 000.00 of market value VAT: 0 %		1,689.70 - 235.05 0.00	1,454.65

<b>Johannesburg Water Water &amp; Sanitation</b>	<b>VAT 4270191077</b>	<b>Sub - Total</b>	<b>Total Amount</b>
(Reading period = 2021/02/09 to 2021/03/09 = 29 days) Meter readings and consumption: Meter no MSB786 start reading 3,983.000 and end reading 4,012.000 = 29.000 KL - Actual Reading Daily average consumption 1.000 KL Charges for 29.000 KL are based on a sliding scale for a 29 day period Step 1 5.717 KL @ R 0.0000 ( Billing Period 2021/04 ) Step 2 3.811 KL @ R 18.990 Step 3 4.764 KL @ R 19.820 Step 4 4.763 KL @ R 27.790 Step 5 9.528 KL @ R 38.400 Step 6 0.417 KL @ R 42.000 Extended Social Package Grant Demand Management Levy Sewer monthly charge based on Stand size 435 m2 ( Billing Period 2021/04 ) VAT: 15.00%		682.54 0.00 26.52 443.96 172.95	1,325.97

<b>PIKITUP Refuse</b>	<b>VAT 4790191292</b>	<b>Sub - Total</b>	<b>Total Amount</b>
WASTE MANAGEMENT SERVICE Refuse Charge VAT: 15.00%		360.00 54.00	414.00

**Current Charges (Including VAT)**

**3,194.62**

**Where can a payment be made?**

Any CoJ Office; any Post Office; any EasyPay site; any bank (branch, ATM or internet site).  
YOUR ACCOUNT NUMBER IS YOUR REFERENCE NUMBER

**How to make a payment**

By debit order; cash or debit card.  
KEEP ALL RECEIPTS FOR FUTURE REFERENCE

**When to make a payment**

Payments must reach the CoJ on or before the due date.

**Change of address**

This must be done timeously, in writing and submitted to any CoJ Municipal Regional Office.

**Terminating electricity and water services?**

This must be done in writing 7 working days before the date you want your services terminated and submitted to any CoJ Municipal Regional Office.