

*Grahamstown* ⏺ *6140* ⏺ *South Africa*

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**Occupational Health and Safety Act No. 85 of 1993**

**SECTION 17 – HEALTH AND SAFETY REPRESENTATIVE**

**DESIGNATION:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

[*Health & Safety Representative Name Surname*]

I, \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ an OHS Act 16(2) appointee, and Director/Dean for

[*OHS Act 16(2) Appointee****\**** *Name Surname*]

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_, hereby appoint you, \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

[*Division/Faculty/Unit*] [*Health & Safety Rep Name Surname*]

as Health and Safety Representative in the \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

[*RU Dept/Division/Section/Unit*]

to serve on the following Health and Safety Sub-Committee:\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

[one of these: *Office/Lab/Housekeeping/Food Services /Maintenance/Wardens*]

Your appointment is valid from \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ until \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ [*duration 3 years, unless otherwise agreed*]

In terms of this appointment, you are responsible for:

1. Representing fellow employees’ interests in terms of occupational health and safety.
2. Reporting to your supervisor any health and safety issues that come to your attention.
3. Doing quarterly health and safety inspections and reports of your designated workplace.
4. Serving on your health and safety sub-committee and attending meetings.

You may also be responsible for:

1. Visiting incident sites and attend inspections;
2. Attending investigations / formal inquiries;
3. Accompanying an inspector;
4. Participating in internal audits;
5. Being accompanied by a technical advisor if approved by your employer.

You will be required to familiarise yourself with the Health and Safety Training Materials and/or undergo Health and Safety Representative training in order to fulfil these requirements.

***\*WHO is a “16(2) Appointee” at RU? See the LIST at*** [***www.ru.ac.za/safety/about/162appointees***](http://www.ru.ac.za/safety/about/162appointees)

*A 16(2) Appointee MUST SIGN this Appointment Form. Once fully completed, please:*

* *keep the original in your departmental safety file,*
* *send a copy (scanned by email / or photocopy) to SHE Officer,*
* *send a copy (scanned by email / or photocopy) to your HR generalist - for your staff file in Human Resources Division.*

Be assured of our support at all times.

**SIGNED**:

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

[*by 16(2) Appointee****\****] *Date*

Kindly confirm your acceptance of this appointment by completing the following:

**ACCEPTANCE OF DESIGNATION:**

I, \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, understand the implications of the appointment as

[*Health & Safety Rep Name Surname*] detailed above and confirm my acceptance.

**SIGNED**:

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

[*by Health & Safety Rep*] *Date*