



Boland Bank Building, 05th Floor, Suite 501, 18 Lower Burg Street, Cape Town, 8001
Tel: (021) 426 4777 Fax: (021) 426 5502
E-mail: tony@cpcqualicare.co.za
Website: www.docweb.co.za

NOTICE OF INSPECTION
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,
1993

We have been made aware that inspectors from the Dept of Labour are calling on GP surgeries and presenting them with daunting forms to be completed, much of which is not applicable to General Practice.

We have therefore summarised the forms into what may be more appropriate for our practitioners, and the information below therefore refers:

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

1. COIDA Registration number.
2. Copies of the Return of earnings submitted to Compensation Commissioner for the past financial year.
3. Latest proof of payment for COIDA.
4. Number of incident or occupational disease claims submitted to the Compensation Commissioner last year.
5. A copy of the Occupational Health and Safety Act and Regulations
6. Copies of Safety Data Sheets (*hazard sheets*) for Hazardous Chemical Agents.

The following is sometimes asked for BUT is ONLY applicable in more industrialised clinics and are not immediately relevant for the average general practice:

7. (*Designations/Appointments*) Letters of all workplaces relevant Occupational Health and Safety appointments and/or designations and supporting proof(s) of competency as including:
 - 1.1 Designation in terms of 16(2);
 - 1.2 The designation of a competent person GMR 2 (1) and (7);
 - 1.3 Approved Inspection Authority for inspections of pressure equipment;
 - 1.4 Certificate of competency for first-aider/s. Please have certificates with the following information available to be checked:
 - a. Name of the First-Aider;
 - b. Certificate number;



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- c. *Expiry date;*
- d. *Training Institution;*
- e. *SETA Accreditation number and CI number.*
2. *Inspection reports by the Health and Safety Representative/s;*
3. *Minutes of Health and Safety Committee – minimum last 4 consecutive minutes;*
4. *Incident Register for the recording and investigation of incidents or occupational diseases (Annexure 1 to the General Administrative Regulations);*
5. *Lifts, escalator, passenger conveyors and goods hoist registration certificates and record book;*
6. *Lifting machines and lifting tackle record books;*
7. *Certificates and inspection reports for pressure equipment;*
8. *Steam generator registration certificate;*
9. *Certificate of Compliance for electrical installation;*
10. *Certificate of conformity for gas installations;*
11. *Medical surveillance programme;*
12. *Medical surveillance and biological monitoring records;*
13. *Risk Assessment records, including health risk assessment;*
14. *Occupational hygiene monitoring reports;*
15. *Copies of valid certificates of training of forklift and/or crane operators (Please have name list available for inspectors)*
16. *Please furnish copies of all exemptions issued by the Department of Employment and Labour.*

ONLY if relevant and applicable to your practices , prepare the following documents for the inspectors (Make Copies)

1. Incident investigation report.
2. Contact-tracing report.
3. Risk assessment for that particular work.
4. Decontamination (Disinfection) Certificate of the workplace.
5. Safe operating procedures/ standards documents.
6. Medical Records.
7. Covid-19 Training certificates (Induction).
8. Company Registration Certificate
9. Legal Appointment letters (Compliance/Health & Safety Rep/ Committee)
10. Symptom Screening Checklist
11. PPE Registers
12. Covid-19 Work Plan
13. Report to labour department regarding any employee diagnosed with COVID-19



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BASIC PARTICULARS OF THE EMPLOYER

EMPLOYER	
REGISTERED NAME	
COMPANY REGISTRATION NO.	
SARS REGISTRATION NO.	
** UIF REGISTRATION NO.	
** COIDA REGISTRATION NO.	
DIRECTOR OF OPERATIONS & ADDRESS & TELEPHONE NUMBER	
PHYSICAL ADDRESS OF PREMISES	
TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	
TOTAL NUMBER OF EMPLOYEES	