

THENJIWE SUPPLIES & REPAIRS

Reference Number	TSR/PPE/002
Implementation Date	03.12.2018
Revision / Amendment Number	0
Revision / Amendment Date	03.12.2018


PPE Undertaking and Agreement



Understanding

1. I understand that should I fail to make use and correctly wear the personal protective equipment provided by **THENJIWE SUPPLIES & REPAIRS** as required in, Section 2 of the General Safety Regulation of the Occupational Health and Safety Act, Act 85 of 1993, which may result in me sustaining an injury on duty, the Compensation Commissioner shall be informed of such failure. This may prevent any right I may have to compensation in terms of the Compensation for Occupational Injuries and Diseases Act 130 of 1993, as amended.
2. In addition, I am fully aware that failure on my part to use the protective clothing and equipment is an offence. The use thereof is a legal requirement and it will be regarded as a contravention of the SHE procedures and the regulations of the OHS Act, Act 85 of 1993, and can make me subject to disciplinary action.
3. I understand that I will be refused access to the property if I arrive on site without the necessary personal protective equipment, which was issued to me by **THENJIWE SUPPLIES & REPAIRS**.
4. I understand that should any personal protective equipment become lost or damaged due to my own negligence, I will be held responsible for the replacement thereof. In addition, should I fail to return the personal protective equipment immediately when my duties are no longer required, I will be held responsible for the replacement thereof.
5. When and if protective equipment is damaged in the course of my duties or needs to be replaced as a result of normal wear and tear, I shall hand in the damaged personal protective equipment in order to qualify for a re-issue.

Confirmation by Employee

Full Names : Martin du Plessis
Date : 04/12/18 Signature : 

Contractor SHE Officer

SHE Officer Name : Victor Tredt

Date : 04/12/2018 Time : 13:43 pm

THENJIWE SUPPLIES & REPAIRS



THENJIWE
SUPPLIES & REPAIRS

Reference Number	TSR/PPE/001
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PPE ISSUE REGISTER

Name & Surname: Martin

Overall	Conti Suit Pants <u>✓2</u>	Conti Suit Jacket <u>1</u>	Dust Coat <u>1</u>	Apron	Hard Hat <u>1</u>	Gum Boots <u>1</u>	Safety Shoes/Boots <u>2</u>	Gloves <u>1</u>	Safety Goggles / Spectacles <u>1</u>	Face Shield
Welding Mask <u>1</u>	Self Cont. Respirator	Respi rator <u>1</u>	Dust Mask <u>1</u>	Ear Muffs/ Plugs <u>1</u>	Safety Belt/ Harness <u>1</u>	Thermal Jacket	Thermal Suit	Jersey	Socks	

DECLARATION BY EMPLOYEE

I understand and accept all the conditions of issue above and agree to comply with them.

SIGNATURE:

DATE: 04/12/18

ISSUER: Martin

THENJIWE SUPPLIES & REPAIRS

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Confirmation by Employee

Full Names : Victor Tiedt
Date : 04/12/2018 Signature: [Signature]

Contractor SHE Officer

SHE Officer Name : Victor Tiedt
Date : 04/12/2018 Time : 13:44 PM

THENJIWE SUPPLIES & REPAIRS



PPE ISSUE REGISTER

Reference Number	TSR/PPE/001
Implementation Date	03.12.2018
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Name & Surname: Victor Aiedt

Icon	Description	Quantity	Icon	Description	Quantity
	Welding Mask	1		Safety Goggles / Spectacles	1
	Overall	1		Gloves	1
	Conti Suit Pants	2		Safety Shoes/Boots	2
	Conti Suit Jacket	1		Gum Boots	1
	Dust Coat	1		Hard Hat	1
	Apron	1		Thermal Jacket	1
	Safety Belt/Harness	1		Thermal Suit	1
	Ear Muffs/Plugs	1 Box		Jersey	1
	Dust Mask	1 Box		Socks	1
	Respirator	1			
	Self Cont. Respirator	1			
	Face Shield	1			

DECLARATION BY EMPLOYEE

I understand and accept all the conditions of issue above and agree to comply with them.

SIGNATURE: _____

DATE: 03/02/2018

ISSUER: _____

THENJIWE SUPPLIES & REPAIRS

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PPE Undertaking and Agreement



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5. When and if protective equipment is damaged in the course of my duties or needs to be replaced as a result of normal wear and tear, I shall hand in the damaged personal protective equipment in order to qualify for a re-issue.

Confirmation by Employee

Full Names : ANDREÉ CHARL DU PLESSIS
Date : 04/12/2018 Signature : 

Contractor SHE Officer

SHE Officer Name : Victor Tiedt
Date : 04/12/2018 Time : 13:45 pm

THENJIWE SUPPLIES & REPAIRS



PPE ISSUE REGISTER

Reference Number	TSR/PPE/001
Implementation Date	03.12.2018
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Name & Surname: Andee-Crae De Plessis

Icon	Item Name	Quantity	Icon	Item Name	Quantity	Icon	Item Name	Quantity	Icon	Item Name	Quantity	Icon	Item Name	Quantity
	Welding Mask			Safety Goggles / Spectacles	1		Gloves	1		Safety Shoes/ Boots	1		Face Shield	
	Overall			Hard Hat	1		Gum Boots	1		Thermal Suit			Jersey	
	Conti Suit Pants	2		Apron			Thermal Jacket			Safety Belt/ Harness			Socks	
	Conti Suit Jacket			Dust Coat	1		Safety Belt/ Harness	1		Thermal Suit				
	Respirator			Ear Muffs/ Plugs			Thermal Jacket			Safety Belt/ Harness				
	Self Cont. Respirator			Dust Mask	1 Box		Ear Muffs/ Plugs	1 Box		Safety Belt/ Harness				
	Welding Mask			Dust Mask	1 Box		Ear Muffs/ Plugs	1 Box		Safety Belt/ Harness				

DECLARATION BY EMPLOYEE

I understand and accept all the conditions of issue above and agree to comply with them.

Andee-Crae De Plessis

SIGNATURE: _____

DATE: 03/02/2018

ISSUER: _____

THENJIWE SUPPLIES & REPAIRS

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Confirmation by Employee

Full Names : Jackie Brummer
Date : 04/12/18 Signature [Signature]

Contractor SHE Officer

SHE Officer Name : Victor Tiedt
Date : 04/12/2018 Time : 13:43 pm

THENJIWE SUPPLIES & REPAIRS



THENJIWE
SUPPLIES & REPAIRS

PPE ISSUE REGISTER

Reference Number	TSR/PPE/001
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Name & Surname: Sacke Brunner

Icon	Item Name	Quantity	Icon	Item Name	Quantity	Icon	Item Name	Quantity	Icon	Item Name	Quantity	Icon	Item Name	Quantity
	Welding Mask			Safety Goggles / Spectacles	1		Gloves	1		Safety Shoes/Boots	2		Face Shield	
	Overall	2		Gum Boots	1		Thermal Suit			Thermal Jacket			Jersey	
	Conti Suit Jacket	1		Hard Hat	1		Thermal Suit			Thermal Jacket			Socks	
	Conti Suit Pants	2		Apron	1		Safety Belt/Harness	1		Safety Belt/Harness	1		Safety Belt/Harness	
	Dust Coat	1		Ear Muffs/Plugs	1 Box		Ear Muffs/Plugs	1 Box		Ear Muffs/Plugs	1 Box		Ear Muffs/Plugs	
	Respirator			Dust Mask	1 Box		Dust Mask	1 Box		Dust Mask			Dust Mask	
	Self Cont. Respirator			Safety Belt/Harness			Safety Belt/Harness			Safety Belt/Harness			Safety Belt/Harness	

DECLARATION BY EMPLOYEE

I understand and accept all the conditions of issue above and agree to comply with them.

SIGNATURE: Sacke Brunner

DATE: 03/02/18

ISSUER: _____