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**It is the responsibility of the requester to ensure that each visitor sign the necessary declaration form and medical questionnaire, attached as Appendix "4" hereto before allowing any person to carry on with the visit. Proper attention must be given to the medical questionnaire by persons visiting the mine and no person will be allowed to visit unless they accept all relevant risks, have been properly inducted and have made a full medical declaration. Should the requester have any doubt on the medical condition of any visitor, he/she should refuse the visitor entry to the mine.**

**VISIT APPROVED BY:**

\_\_\_\_\_

**GENERAL / MINE / PLANT MANAGER**

\_\_\_\_\_

**DATE**



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## ANNEXURE B



### HARMONY GOLD MINE

#### SHORT TERM CONTRACTOR'S CHECKLIST

Shaft/Plant: \_\_\_\_\_ Manager: \_\_\_\_\_

Contractor: \_\_\_\_\_ Work performed: \_\_\_\_\_

Order Number: \_\_\_\_\_

NB; This checklist will be filed on site.

REQUIREMENTS NOTE: If <u>not</u> relevant indicate N/A and not NO.		COMPLIANCE		
		YES	NO	N/A
<b>CONTRACTOR PROFILE AND CONTRACT DETAILS</b>				
1	Competency Assessment available? (What proof?)			
2	Has relevant safety induction been completed and approved by the Company?			
3	Has a site-specific Risk Assessment been completed?			
4	Have applicable written instructions been received?			
5	Have applicable procedures been received? List procedures:			
6	Has all equipment/ machinery/tools been declared safe and recorded?			
<b>OCCUPATIONAL HEALTH</b>				
7	Has the medical questionnaire been completed?			
<b>ACCIDENTS AND REPORTING</b>				
8	Have you been informed of the accident reporting procedure?			
<b>EQUIPMENT/ MACHINERY/ MATERIAL</b>				
9	Is the Contractor required to use any self-propelled mobile equipment? (Relevant COP explained)			
10	Is there a pre-use inspection checklist for equipment/ machinery/ material used by the Contractor?			

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**SITE SPECIFIC TASKS**

11	Were the required risk assessment carried out and approved by the responsible manager before the work commenced? (Must include all equipment to be used)			
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**PERSONAL PROTECTIVE AND SAFETY EQUIPMENT**

11	Are Contractor employees provided with the correct PPE and safety Equipment?			
12	Are safety belts provided to operators of self-propelled mobile equipment not provided with a protective cab?			
13	Is the contractor employee trained in the use and safekeeping of PPE?			

**Signatures: Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mine Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

