



## SARMA GUIDELINE

SAFETY, HEALTH, ROAD TRANSPORT, ENVIRONMENTAL &  
QUALITY STANDARD

SHREQ COMMUNICATION

Document Number

SHE5.14-F01

Revision Number

00

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# SHREQ COMMUNICATION

**(SARMA Audit document January 2017 version 1 reference number:**

Section A, Element 1, Items 1.8.9, 1.8.10 & 1.9;


Section A, Element 3, Item 3.5;

Section A, Element 4, Item 4.5;

Section A, Element 7, Items 7.1 to 7.3;


Section A, Element 10, Item 10.9 and

Section C, Element 2, Item 2.2)

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## 1. PURPOSE

1.1 To encourage employees to share information and actively participate in the safety, health and environment programme.

## 2. SCOPE

2.2 This standard applies to **EMPLOYERS**.

## 3. RESPONSIBILITY AND ACCOUNTABILITY

3.1 The Section 16(2) Appointees [\[SHE5.11-F02-3\]](#), assisted by the SHE Rep are responsible to ensure that the requirements of this standard are adhered to;

3.2 The Section 16(2) Appointees [\[SHE5.11-F02-3\]](#) will provide management with the necessary form to record the communication to the workers on, for record purposes;

3.3 Talks will be focused on:

3.3.1. Hazardous tasks, based on past experience of injury, loss, pollution, Client Complaints and re-work;

3.3.2. WSWP [\[SHE5.50-F01\]](#) and the inherent dangers of the task;

3.3.3. Potential future incidents and

3.3.4. Client and Legal requirements.

3.4 The Section 16(2) Appointees [\[SHE5.11-F02-3\]](#) will identify possible outside parties that could be effected by the facilities activities, and advice management on the issues so that it could be included in the SHREQ talks. Systems will be established to ensure adequate response to communication received from external and interested parties and

3.5 The Section 16(2) Appointees [\[SHE5.11-F02-3\]](#) will ensure that all reports to the Management meetings is completed and forwarded timeously.

## 4. DEFINITIONS AND ABBREVIATION

4.1. See manuals one to five.

## 5. LEGAL AND OTHER REQUIREMENTS

### 5.1 General

No.	Document Number	Description
5.1.1.	<a href="#">SHE5.03-F01</a>	OHSA S. 8(2)(e,j), 13 (a)
5.1.2.	<a href="#">SHE5.03-F01</a>	GAR 5(e,h)
5.1.3.	<a href="#">SHE5.03-F01</a>	GMR 4(1)

### 5.2 Legal Reference


5.2.1. Legal Register

### 5.3 Other Requirements

5.3.1. Client requirements.

## 6. RECORDS

Rec Nr	Reference Nr	Description	Storage Space	Retention Time
6.1.	<b>EMPLOYERS</b>	SHREQ communication to		

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	<a href="#">[SHE5.14-F03]</a>	workers (safety talk) form		
6.2.	<b>EMPLOYERS</b> <a href="#">[SHE5.30-F06]</a>	Communication to workers on legal requirements form		
6.3.	<b>EMPLOYERS</b> <a href="#">[SHE5.30-F06]</a>	Haz. chem. communication form		
6.4.	<b>EMPLOYERS</b> <a href="#">[SHE5.30-F06]</a>	On-the-job training form		
6.5.	<b>EMPLOYERS</b> <a href="#">[SHE5.30-F06]</a>	Communication to workers on risk assessment form		
6.6.	<b>EMPLOYERS</b> <a href="#">[SHE5.30-F06]</a>	Incident re-call form		
6.7.	<b>EMPLOYERS</b> <a href="#">[SHE5.50-F01]</a>	WSWP training		

## 7. PROCEDURE

- 7.1. The Section 16(2) Appointees [\[SHE5.11-F02-3\]](#) will conduct formal communication sessions with workers in his department on work related SHREQ matters, legal standards, departmental risk assessment requirements, hazardous chemicals in use. The Section 16(2) Appointees [\[SHE5.11-F02-3\]](#) will assist management with the talks when requested;
- 7.2. The official documentation for each type of communication will be completed by the person who gives the talk, and workers who attend the talks will sign their name on the communication document as required.
- 7.3. SHREQ issues will form part of the discussions of the meetings.

## LEGAL REQUIREMENTS APPLICABLE TO DEPARTMENT

### COMMUNICATION TO WORKERS

THE FOLLOWING LEGAL REQUIREMENT (S) WAS COMMUNICATED TO THE WORKERS AS PER THE ATTENDANCE LIST BELOW.

LEGAL REQUIREMENT REFERENCE (S):

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DEPARTMENT: \_\_\_\_\_


NAME OF PERSON INFORMING WORKERS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE COMMUNICATED: \_\_\_\_\_

TIME: \_\_\_\_\_

NAME & SURNAME OF WORKER	SIGNATURE	NAME & SURNAME OF WORKER	SIGNATURE
1.		8.	
2.		9.	
3.		10.	
4.		11.	

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5.		12.	
6.		13.	
7.		14.	

COMMENTS:

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SIGNATURE OF PERSON  
WHO INFORMED WORKERS: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>TRAINING</b> <b>ON RISKS INVOLVED IN THE USE OF CHEMICALS IN DEPARTMENT</b>
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DEPARTMENT: \_\_\_\_\_

NAME OF PERSON INFORMING WORKERS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE COMMUNICATED: \_\_\_\_\_

TIME: \_\_\_\_\_

THE RISKS INVOLVED WITH THE HANDLING, USAGE AND STORAGE OF THE CHEMICAL REFLECTED ON THIS FORM HAS BEEN COMMUNICATED TO THE WORKERS OF THE ABOVE DEPARTMENT. THE OFFICIAL MATERIAL SAFETY DATA SHEET FOR THE SUBSTANCE/CHEMICAL WAS USED FOR THE TRAINING.

NAME OF SUBSTANCE/CHEMICAL: \_\_\_\_\_

NAME & SURNAME OF WORKER	SIGNATURE	NAME & SURNAME OF WORKER	SIGNATURE
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

COMMENTS:

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SIGNATURE OF PERSON  
WHO INFORMED WORKERS: \_\_\_\_\_

DATE: \_\_\_\_\_

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**VERIFICATION OF SHREQ  
ON-THE-JOB TRAINING**

**TRAINING DATE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**NAME OF TRAINER:** \_\_\_\_\_

**DISCRIPTION OF TRAINING:**

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NAME & SURNAME OF WORKER	SIGNATURE	NAME & SURNAME OF WORKER	SIGNATURE
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

**SIGNATURE OF TRAINER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMMUNICATION TO WORKERS ON  
DEPARTMENTAL RISK ASSESSMENT**

THE FOLLOWING INFORMATION OF THE DEPARTMENTAL RISK ASSESSMENT WAS COMMUNICATED TO THE WORKERS AS PER THE ATTENDANCE LIST BELOW.

**DEPARTMENT:** \_\_\_\_\_

**INFORMATION COMMUNICATED:**


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NAME OF PERSON INFORMING WORKERS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE COMMUNICATED: \_\_\_\_\_

TIME: \_\_\_\_\_

NAME & SURNAME OF WORKER	SIGNATURE	NAME & SURNAME OF WORKER	SIGNATURE
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

**COMMENTS:**

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SIGNATURE OF PERSON WHO INFORMED WORKERS: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>INCIDENT RECALL FORM</b>
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DATE: .....


DEPARTMENT: .....

NAME OF PERSON RECALLING INCIDENT: .....

DESCRIPTION OF INCIDENT RECALLED:

FACTS TO REMEMBER ABOUT THE INCIDENT:

NAME & SURNAME OF WORKER	SIGNATURE	NAME & SURNAME OF WORKER	SIGNATURE

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Signature: .....

Date: .....

<p align="center"><b>ACKNOWLEDGEMENT OF WRITTEN SAFE WORK PROCEDURE TRAINING (WSWP)</b></p>
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DEPARTMENT: \_\_\_\_\_

1. I, \_\_\_\_\_ HEREBY ACKNOWLEDGES THAT I HAVE RECEIVED FORMAL TRAINING AND A COPY OF THE WRITTEN SAFE WORK PROCEDURE DOCUMENT FOR:

\_\_\_\_\_

2. THE TRAINING WAS DONE ON \_\_\_\_\_

BY \_\_\_\_\_

3. I FURTHERMORE ACKNOWLEDGE THAT:

- I FULLY UNDERSTAND THE REQUIREMENTS OF THE WRITTEN SAFE WORK PROCEDURE;
- THE IMPORTANCE TO WORK ACCORDING TO THE PROCEDURE;
- I UNDERTAKE TO FOLLOW THE PROCEDURE WHEN DOING RELATED WORK;
- AND THAT THE PROCEDURE IS AN SAB REQUIREMENT.

4. I ALSO ACKNOWLEDGE THAT I WAS DULY INFORMED ABOUT THE WORKMANS COMPENSATION COMMISSIONER'S STANDING ON WILLFUL MISCONDUCT, AS PER DEFINITION OF THE COMPENSATION OF INJURY AND DISEASES (COID) ACT No. 130 of 1993.

SIGNATURE OF WORKER \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF TRAINER: \_\_\_\_\_

DATE: \_\_\_\_\_

**8. ASSOCIATED DOCUMENTATION**

No.	Description	Document Number
8.1.	Manuals one to five.	