## **ANNEXURE 5**

## **COVID-19 WARRANT**

Date	<b>9</b> :
Emp	oloyer:
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beer Occ the Disa Disa	e undersigned,, warrant that a COVID-19 Workplace Plan has a developed in a bid to facilitate the proper and effective application of the upational Health and Safety Act, the COVID-19 Directive on Health and Safety in Workplace, issued by the Minister in terms of regulation 10(8) of the National aster Regulations and the regulations issued in terms of section 27(2) of the aster Management Act.  o confirm that, in terms of Annexure E of Directive 43258 dated 29 April 2020:
1.	will re-open on
2.	The operating hours will
3.	The following workplaces are part of the business:
3.1	
3.2	
4.	In order to ensure a planned, sustainable and effective reintroduction of employees to the workplace, the following steps were / will be taken:
4.1	familiarisation with all pertinent regulations and directives;
4.2	analysis and understanding of the various business requirements given the

4.3	the appointment of as compliance officer and the following as respective representative(s):
4.4	the development of a detailed return to work and workplace health and safety checklist which incorporates the Department of Health as well as Department of Employment and Labour regulations;
4.5	ensuring risk and hazard assessments are conducted daily;
4.6	ensuring that these risk and hazard assessments are shared with all stakeholders and the compliance officer and/or representative(s);
4.7	implementing work from home measures where applicable;
4.8	detailed discussions with employees regarding the measures to work from home where possible, as well as to identify and reasonably accommodate vulnerable employees;
4.9	ensure efforts towards travel history reports of both employees and visitors in a bid to provide a safe working environment; and
4.10	provide a structured phasing in plan for reintroducing employees to the workplace.
5.	The details of the measures indicated above are dealt with in the return to work policy, the return to work plan and the COVID-19-ready checklist of
Sign	nature of employer representative
Nam	ne of employer representative:
Des	ignation of employer representative:
Con	tact details:
Date	D: