

## ANNEXURE 6

### COVID-19 COMPLIANCE OFFICER APPOINTMENT

Date: .....

Employer: .....

Address: .....

I, the undersigned, herewith appoint ..... (employee number: ..... ID number: .....) as the COVID-19 compliance officer for the following workplace(s):

1. participating in the development and implementation of the COVID-19-ready Workplace Plan prior to the reintroduction of employees into the workplace;
2. such development and implementation must take place in accordance with the regulations issued in terms of section 27(2) of the Disaster Management Act and specifically, Annexure E thereof;
3. ensure close monitoring of the plan post re-opening; and
4. ensure adherence to health and safety protocols as issued and those identified in the risk and hazard assessments.

I herewith instruct him/her to dispose of the responsibilities as set out below:

1. participating in the development and implementation of the COVID-19-ready workplace plan prior to the reintroduction of employees into the workplace;
2. ensuring that the above takes place in accordance with the applicable regulations issued in terms of s27(2) of the Disaster Management Act, 57 of 2002, specifically Annexure E thereof;
3. in performing the required monitoring of such plan, post the re-opening of the above workplaces; and
4. ensuring compliance with all health and safety protocols as issued and those identified in the risk and hazard assessments.

\_\_\_\_\_

Signature of employer representative

Name of employer representative: .....

Designation of employer representative: .....

Contact details: .....

Date: .....

**Acceptance of appointment of COVID-19 compliance officer**

I, ..... (employee number .....; ID number .....), accept the above appointment as the duly appointed COVID-19 compliance officer and warrant that I understand and appreciate the roles and responsibilities assigned to me and, furthermore, that these may not be limited to what has been set out above.

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Signature of compliance officer

Designation of compliance officer: .....

Contact details: .....

Date: .....