



COVID-19 Compliance Officer

1. Appointment Detail

I, Gary Glasson (Approved Person)
for SAC (Club)
appoint _____ (Responsible Person)
for _____ (Event)
for the duty as defined herein.

In terms of the Government Gazette Vol.658 No.43257 the organisation has a responsibility to ensure that a healthy and safe event environment is provided for all persons with specific regard to the COVID-19 Virus before any SAC events may take place.

In terms of the provisions of the said Government Gazette, above mentioned representing the SAC, hereby appoints the Responsible Person as the appointed COVID-19 Compliance Officer to assist in ensuring compliance with provisions of the said legislation for the duration of the event.

This individual is the designated inspector authority in terms of section 28 of OHSA and may perform any of the functions in terms of section 20 of OHSA and exercise the powers listed in section 30 of OHSA in order to monitor compliance.

Offenses and penalties shall be done as provided for in section 38 of OHSA (warning).

You are to familiarise yourself with the contents of the said legislations and you are to implement processes to ensure that the organisation is compliant.

Duties:


1. Ensure that the event is managed in accordance with our SOP – Recency/ Proficiency & Events
2. Ensure that correct the screening and monitoring takes place before entering and whilst at the event.
3. Ensure checklist and questionnaires are completed correctly, accurately and truthfully.
4. Ensure all information is handled with confidentiality.
5. Ensure that the necessary PPE is visible and available.
6. Ensure that social distancing is maintained where possible.
7. Ensure all persons are aware of the required procedures in order to ensure a safe event.
8. Ensure that all persons not integral to the operation of the event are instructed to remain clear of the event location.

2. Acceptance of Designation

Acceptance of Designation I accept the assignment defined herein and confirm my understanding of the duties

Responsible Person Signature: _____

Date: _____

Accountable Manager
Signature: 

Date: _____