



EHS SAFETY BOOK



NAME: _____

BLOOD GROUP: _____

IDENTITY NUMBER: _____

JOB TITLE: _____

PHONE NO.: _____

SIGNATURE _____

PASSPORT
PHOTO



SUPPLIER ABSOLUTE RULES DECLARATION

All Suppliers are to adhere to Quava-tel's ABSOLOLUTE RULES and ensure that all employees or sub-contractor performing services for Quava-tel duly comply with these regulations. Please note, Quava-tel applies a zero-tolerance approach to the willful contravention of these regulations, the loss of life or injury caused through the operation of our business shall not be tolerated. Willful disregard of these ABSOLUTE RULES will be deemed as breach of the Agreement.

Please note that this form is compulsory to all Safaricom Suppliers.

No.	Rule Pic	Absolute Rule Description
1		<i>Always wear seat belts when travelling in, or operating vehicles.</i>
2		<i>Always use suitable personal protective equipment, a safety harness and fall protection equipment when working at height (harnesses must be attached at all times when working at height).</i>
3		<i>Never carry out electrical work on electrical equipment, circuits and gear if you are not qualified.</i>
4		<i>Never work under the influence of substances (alcohol or drugs) which are illegal or in excess of legal levels or where this impairs your ability to perform tasks.</i>
5		<i>Never exceed speed limits or travel at speeds which are dangerous for the type of road, vehicle, or conditions.</i>
6		<i>Never use a hand held phone whilst driving and only make calls by pulling over or using hands free devices, when it is safe to do so.</i>
7		<i>Never undertake any street or underground work activities unless competent to do so.</i>
8		<i>When working in the proximity of power, we always maintain the required safe distance and use the correct insulated equipment.</i>

Name of Supplier: _____

Signature of Declarant: _____

Position of Declarant: _____

Director / Managing Director / Chief Executive Officer / Chief Operations Officer

Date: _____

QUAVA-TEL LTD			
Reference Number	AR/QUAV/COM/2021	PROOF OF ABSOLUTE RULE COMMUNICATION	
Implementation Date	2021		
Revision / Amendment Number	00		
Revision / Amendment Date	2021		

Quava-Tel Absolute Rules-Communication and Enforcement:

These rules are developed to focus attention on common cause of potential fatalities and serious injuries. It is known from the experiences that failure to comply with basic health and safety standards, leads to serious injury and fatalities for our people, the people we work with, and the people exposed to our activity. Quava-Tel limited communicates the rules below to all the staff from top management to field personnel through daily toolbox talks and in EHS induction training. A copy of absolute rule is always displayed in our office notice board and vehicles

Absolute Rules Communication and Enforcement Plan		
Absolute Rules	Plan and methodologies in place	Other Obligation
1. WE ALWAYS drive solely and legally: we never use a handheld mobile device when driving	<ul style="list-style-type: none"> • Report incidents to enable learning. • Have confidence to intervene • Consider the impact of actions to others. • Recognize and reward safe behaviour. • Always follow the absolute rules. 	
2. WE ALWAYS drive solely and legally: we obey the speed limit!		
3. WE NEVER work under the influence of alcohol or drugs!		
4. When ALWAYS drive safely and legally: we always wear a seatbelt		
5. NEVER carry out work on any electrical equipment unless you're qualified!		
6. When working of height ALWAYS wear protective gear, attach a safety harness and use fall protection equipment!		
7. Never undertake any street or underground work activity unless competent to do so!		
8. When working in the proximity of power, we always maintain the required safe distance and use the correct insulated equipment.		

Kindly confirm you understand the above Absolute rules and shall conform to them:

ACCEPTANCE

I,....., understand the implications of the absolute Rules as detailed above and confirm my acceptance thereof.

Signature (appointee)

Date

SAFETY MEETING (TOOL BOX TALK)

Company Name:	
Note: Safety meetings are to be conducted Daily before work commences. Completed forms must be maintained and provided to Customer Representatives upon request.	
Date:	Project:
Site:	Instructor:
Location:	
Topics discussed: <ul style="list-style-type: none"><input type="checkbox"/> Plan for today's activity<input type="checkbox"/> Emergency plan, evacuation procedures and first aid briefing<input type="checkbox"/> Escalation matrix Equipment inspection	<ul style="list-style-type: none"><input type="checkbox"/> Results of Risk Assessment and Fall Protection Plan<input type="checkbox"/> Absolute sire rules<input type="checkbox"/> PPE Inspection<input type="checkbox"/> Other
Comments:	

“We have participated in today’s safety meeting and agree with the topics discussed and the way necessary safety measures have been taken into consideration in the planning of activities”.

Employees present:

No.	Name	ID	Time in	Signature	Time out	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Site Name: _____

Date: _____

Coordinates/Location _____

Map of the Area *(Indicate the nearest police station and hospital/clinic)*

Emergency Response Team:

First Aider: *(Name)* _____ **Phone:** _____

Nearest Police Station: *(Name)* _____ **Phone:** _____

Nearest hospital: *(Name)* _____ **Phone:** _____

Quavatel Contact Person: *(Name)* _____ **Phone:** _____

Comments:

Persons visiting site to be briefed below

Name	Signature	Name	Signature

Company Name _____	Site Supervisor _____	Date: _____
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Description of Proposed Work for the day:

Site Risk Assessment Process

Hazards- Anything that has potential to cause Harm	✓	Consequences- What could go wrong	✓	Barries / Contols- Activities you have identified to prevent, eliminate or reduce the occurrence of a hazard that you have identified.	✓
Work at Height		Falling from height		Adequate lightning provided	
Electricity		Back injury		Safety talk before start of work	
Moving Vehicles		Burns		Competent personnel for high risk and specialised jobs	
Excavation		Damage to Property		Use of right tools and equipment	
Heavy Equipment		Damage to Equipment		Underground cable detector	
Dust		Dropping		Proper posture / position	
Noise		Ear Damage		Barricading e.g. Use of tape, cones	
Chemical hazards		Electrocution		Lock Out / Tag Out	
Poor Housekeeping		Explosion		Fire Extinguisher	
Poor Visibility		Fire		First Aid Box	
Rotating Equipment		Injury			
Slippery surface- due to wet surface from spilled substances		Injury to eyes		Use appropriate PPEs. Name the PPEs below:	
Moving Vehicles		Injury to hands			
Unsafe equipment / tooling		Slipping			
Flammable substances-Fuels, Oils etc.		Tripping			
Bad Weather-Rain or too much heat from sun		Being hit by a car			
Working beyond physical capability		Harm to 3rd party			
Lifting heavy items		Cuts			
Heavy winds		Road Traffic Accidents			
Cuts		Hand injury			
Underground cables or pipe		Damage to eyes		Any other controls in place:	
Snakes, Pests, Bees		Exposure to Fumes or irritants			
Open sewers		Dizziness			
Overhead cables		Fall into a trench/ditch			
Mechanical (Specify(e.g. generator, Air Conditioner)					
Welding					
Fumes				Name of Fire Fighter:	
Faulty equipment/tools				Name of First Aider:	

Please Note

This form must be completed BEFORE you commence the job. All names of Team members to be listed below or over leaf.
IF IN DOUBT, STOP WORK, ASK FOR HELP/ CLARIFICATION

Name of Team Member	Signature	Name of Team Member	Signature

PROJECT RISK ASSESSMENT

Project Assessed: _____

Date of Assessment: _____ Location: _____

The assessment should be done before commencement of any project. All mitigation measures identified and all the necessary tools or materials provided

Hazard (anything that may cause harm)	Hazard level (Low, Normal, High)	Mitigation Method	Special Requirement

General Comments:

Inspection done by:
Name _____ Signature _____

VEHICLE SAFETY CHECKLIST

Checked by															
Vehicle															
Day of the week		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Date															
ID no	Description	J	L	J	L	J	L	J	L	J	L	J	L	J	L
GENERAL		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Lights & Indicators														
2	Horn														
3	Reflectors														
4	Tyres - type, pressure, size & condition														
5	Wipers & washers														
6	Mirrors														
7	Exhaust System														
8	Glass														
9	Brake system														
10	Hand Brake														
11	5th Wheel														
12	Load Security														
13	Speedometer working														
14	Body condition														
15	Chasis condition														
16	Road wheels - nuts														
17	Cab - seat, door, steps														
18	Steering wheel & column														
DRIVER REQUIREMENTS															
19	Valid Driving license														
20	Defensive driving certificate														
21	Driver is fit to work (not fatigued or under influence of any drugs)														
SAFETY EQUIPMENT															
22	Seat belts														
23	GPS/OBD installed and working [Vehicle Tracking]														
24	Safety stickers														
25	Vehicle HouseKeeping														
26	Vehicle Insurance valid														
27	Vehicle Inspection valid														
28	Vehicle Service up to date														
EMERGENCY EQUIPMENT															
29	Fire Extinguisher														
30	Ist Aid Kit														
31	Emergency Triangle														
32	Water Can														
33	Shovel														
34	Tow Rope														
35	Tool Kit														
36	Spare Tyre/Jack/Wheel Brace														
37	Winches														
Totals		J	L	J	L	J	L	J	L	J	L	J	L	J	L

Comments

Weekly Review By Supervisor:

Name:

Signature & Date:

OHPL TOOLS SAFETY CHECKLIST

Checked by															
TOOLS		COMMENT													
Day		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Date															
GENERAL		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	TEL-O-POLE measuring sticks														
2	Cable height meter														
3	LOTOTO Kits														
4	Hard hat Mounted Voltage Detector														
5	Voltage detector (Hand wrist)														
6	Voltage testers (hastings handheld)														
7	Nonconductive ladders														
8	Full body harness with double lanyard														
9	Gloves(power rated)														
10	Helmet (WAH)														
11	Safety Shoe(power rate)														
12	Hand Tools(Insulated)														
13	Hat Mounted detector														

Comments

Weekly Review by Supervisor:

Name:

Signature & Date:

Accident Report	CSR_FORM_Accident_Report_2015_Mar_23
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ACCIDENT REPORT

Important: This form has to be completed for ALL work-related accident and accident while travelling

EMPLOYEE INFORMATION

Name:		First name:	
Position:		ID No.:	

WORK RELATED ACCIDENT INFORMATION

Date (Day/Month/Year):		Hour (Hour:Minute):	
Location (Address):			
Witness(es):			

WORK RELATED ACCIDENT DESCRIPTION

DESCRIBE VICTIM'S ACTIVITY AT THE MOMENT OF THE ACCIDENT: Describe precisely with maximum details (moment equipment, place, person, task.....)

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DESCRIBE PRECISELY NATURE OF INJURIES AND PART OF THE BODY AFFECTED (PARTS OF BODY INVOLVED):

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WAS FIRST AID GIVEN?

 NO

YES, administered by:

 First Aid

 hospital /clinic

NAME AND ADDRESS OF PHYSICIAN

IF APPLICABLE, NAME AND ADDRESS OF HOSPITAL

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WITNESS(ES) COMMENTS

OTHER COMMENTS

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