**WARRANT LETTER**

[COMPANY NAME]

[COMPANY ADDRESS]

[DATE]

I, the undersigned, [EMPLOYER], warrant that a COVID-19 Workplace Plan has been developed in a bid to facilitate the proper and effective application of the Occupational Health and Safety Act, the COVID-19 Directive on Health and Safety in the Workplace, issued by the Minister in terms of regulation 10(8) of the National Disaster Regulations and the regulations issued in terms of section 27(2) of the Disaster Management Act.

I confirm that, in terms of Annexure E of the Directive 43258 dated 29 April 2020:

1. [COMPANY NAME] will re-open on                                                                     .
2. The operating hours of [COMPANY NAME] will be                                         \_ .
3. The following operations are part of this business per region:
	1. .
	2. .
4. In order to ensure a planned, sustainable and effective reintroduction of employees to the workplace, the following steps were / will be taken:
	1. familiarisation with all pertinent regulations and directives;
	2. analysis and understanding of the various business requirements given the prevailing conditions (i.e. staff, equipment etc);
	3. the appointment of a Compliance Officer and respective representatives where applicable;
	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;
	5. ensuring risk and hazard assessments are conducted daily;
	6. ensuring that these risk and hazard assessments are shared with the task force and Compliance officer and / or representatives;
	7. implementing work from home measures where applicable;
	8. detailed discussions with employees regarding the measures to work from home where possible, as well as to identify and reasonably accommodate vulnerable employees;
	9. ensure efforts towards travel history reports of both employees and visitors in a bid to provide a safe working environment; and
	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 [COMPANY NAME].

[EMPLOYER SIGNATURE]

[EMPLOYER NAME]

[CONTACT DETAILS]

[DATE]

**COMPLIANCE OFFICER APPOINTMENT**

[COMPANY NAME]

[COMPANY ADDRESS]

[DATE]

**APPOINTMENT AS COVID-19 COMPLIANCE OFFICER**

I, the undersigned, herewith appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) as the COVID-19 Compliance Officer for the following workplace(s). I herewith instruct him / her to dispose of the responsibilities as set out below, including:

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.

[EMPLOYER NAME]

[EMPLOYER SIGNATURE]

[DATE]

I,                                                         ,  the duly appointed COVID-19 Compliance Officer accept the above appointment and warrant that I understand the roles and responsibilities assigned to me and understand that the assigned responsibilities are not exhaustive.

[COMPLIANCE OFFICER NAME AND SIGNATURE]

[DATE]