

**ANNEXURE 2****OCCUPATIONAL HEALTH AND SAFETY ACT, 1993  
(Regulation 4 of the Construction Regulations, 2014)****NOTIFICATION OF CONSTRUCTION WORK**

1.(a) Name and postal address of principal contractor:

\_\_\_\_\_

(b) Name and tel. no of principal contractor's contact person:

\_\_\_\_\_

2. Principal contractor's compensation registration number:

\_\_\_\_\_

3.(a) Name and postal address of client:

\_\_\_\_\_

(b) Name and tel. no of client's contact person or agent:

\_\_\_\_\_

4.(a) Name and postal address of designer(s) for the project:

\_\_\_\_\_

(b) Name and tel. no of designer(s) contact person:

\_\_\_\_\_

5. Name and telephone number of principal contractor's construction supervisor on site appointed in terms of regulation 8(1).

\_\_\_\_\_

6. Name/s of principal contractor's sub-ordinate supervisors on site appointed in terms of regulation 8(2).

\_\_\_\_\_

7. Exact physical address of the construction site or site office:

\_\_\_\_\_

8. Nature of the construction work:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Expected commencement date: \_\_\_\_\_

10. Expected completion date: \_\_\_\_\_

11. Estimated maximum number of persons on the construction site.

Total: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

12. Planned number of contractors on the construction site accountable to principal contractor: \_\_\_\_\_

13. Name(s) of contractors already selected.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Principal Contractor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Client's Agent (where applicable)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Client

\_\_\_\_\_  
 Date

- THIS DOCUMENT IS TO BE FORWARDED TO THE OFFICE OF THE DEPARTMENT OF LABOUR **PRIOR TO COMMENCEMENT** OF WORK ON SITE.