



Siyanda Bakgatla Platinum Mine
Union Mine

SAFE WORKING INSTRUCTION U5 / 2020

TO : ALL EMPLOYEES AND CONTRACTORS

FROM : H.JANTJIES
GENERAL MANAGER

DATE : 18 MAY 2020

SUBJECT : COVID19 - PRECAUTIONS

Intent: To ensure that all Employees understand and comply to the set COVID19 rules of self isolation.

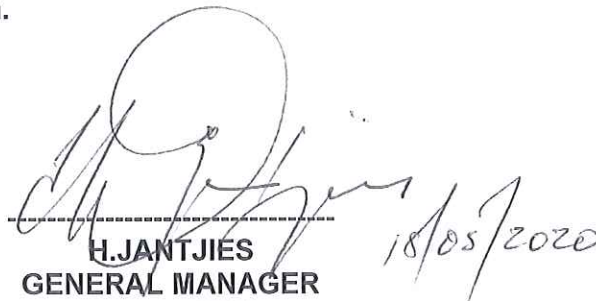
In the event an employee experiences the below listed symptoms, he/she **must not report to work**. You are required to consult with your medical practitioner immediately.

1. Fever
2. Sore throat
3. Muscle / body ache
4. Cough
5. Shortness of breath
6. Diarrhea
7. High Temperature
8. Nausea
9. Vomiting
10. Loss of smell or loss of taste
11. Fatigue / Weakness or tiredness

In addition, it is imperative that all Supervisors in charge of workmen enquire about their Team member's health and wellbeing every morning, as stipulated in the mines waiting place standard procedure.

DO NOT BREAK THE RULES – STAY SAFE

The appointed 3.1.(a) Managers, Hostel Managers, Resident Engineers and Supervisors will ensure that the 'Daily / shift medical symptom declaration form' is made available to All their Employees for use in the event they start experiencing the above symptoms. These declaration forms will be submitted, by the employee, to his/her medical practitioner during consultation.



H. JANTJIES
GENERAL MANAGER
UNION MINE

18/05/2020

DO NOT BREAK THE RULES – STAY SAFE



DAILY/SHIFT MEDICAL SYMPTOM DECLARATION FORM

I, _____ (name & surname),

ID/Passport number _____ declare the following:

Current health status:

Indicate if you are currently experiencing any flu-like symptoms, e.g.:

Medical Symptoms

	Yes	No		Yes	No		Yes	No
1. Fever			5. Shortness of breath			9. Vomiting		
2. Sore Throat			6. Diarrhea			10. Loss of smell or Loss of taste		
3. Muscle/Body Ache			7. High Temperature			11. Fatigue/ Weakness or Tiredness		
4. Cough			8. Nausea					

I understand that a false declaration will invoke disciplinary action on me.

Signed on this _____ day of _____ 2020

Signature: _____

Note: This form must accompany the Employee and be submitted to his/her medical practitioner during consultation.

- **No persons will be permitted on site should they have any flu like symptoms. Employees are required to perform a daily medical self-assessment prior to leaving home. Should an employee experience any flu-like symptoms he/she should consult with their medical practitioner and inform their Supervisor/Line Manager.**
