**APPOINTMENT AS WORKSHOP FOREMAN**

Dear Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the powers vested in me by the resolution of the employer of this company, and in terms of Section 214 (1) of the Mining Regulations 1973, you are hereby appointed as Shift Foreman at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This appointment is subject to the following conditions.

1. You shall assist the Subordinate Manager in the control, supervision and direction of the mine.
2. You shall further ensure that your responsibility in terms of these regulations extends to your section of the mine.
3. You shall at least once during your shift, examine every place in the section assigned to you in which every person is working and at least once in each week examine every place in such section which persons may pass, except in an emergency.
4. You remain responsible for ensuring the proper observance of the requirements of these regulations by any person working in your section whether such person is under your direct supervision or not.
5. You shall enter in a book provided, breaches of any regulation observed and any action taken or where you deem action should be taken.
6. You ensure that at any time, in any working place of your section when any operations are carried out, there is only one person in charge at all times.
7. Ensure that at the completion of your shift, record in ink in books provided:

* Any instruction that you may have given during the shift.
* Any matters requiring the attention of the relieving shift boss with regard to health and safety of persons.
* Any place in which any person is at work in the section under your charge which has not been visited and the reasons.

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

**Manager Date**

**ACCEPTANCE**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby acknowledge the designation above and confirm that I fully understand the requirements of the designation and the responsibilities as set out in the relevant legislation.

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**Shift Foreman – Nominee Accepted Date**