**PLACE ON COMPANY LETTERHEAD**

**<DATE> 2020**

**DECLARATION OF COMPLIANCE TO OPERATE UNDER LEVEL 4 LOCKDOWN**

**Disaster Management Act, 2002. Amendment of Regulations Issued in Terms of Section 27(2)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CEO, or relevant designate full name and ID number], declare the following with regards to operating within the regulated permissions and restrictions of level 4 lockdown:

**Permit to operate**

I am permitted to operate in terms of the provisions of the National Disaster Act regulations, at level 4 and have prepared a COVID-19 Workplace Readiness Plan.

**Location of service delivery**

Services are being delivered from the following locations only:

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of business** | **District and Province** | **Description of services** | **No of staff on shift (including management and support staff)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Compliance with applicable regulations and directives**

I confirm that my business is following the COVID-19 regulations and guidelines applicable to my business as published on the government website [www.gov.za](http://www.gov.za).

I have developed a plan for the phased-in return of employees to the workplace, which I have retained for inspection. This plan outlines which employees are permitted to work, how return of employees will be phased in and what the health protocols are in place to protect employees from COVID-19.

I have appointed the following person, [full name, ID number, email and telephone number], as the company COVID-19 compliance officer.

**Risk assessment and Response Framework**

I confirm that my business has conducted a risk assessment which assessed the risk of transmission of COVID-19 at the workplace.

I further confirm that my business has designed and implemented a response plan to address COVID-19 related occupational health and safety risks. The response plan aligns with all applicable legislation, regulations and directives and takes into account, *inter alia,* the following risk control measures:

* Vulnerable workers;
* Physical Distancing;
* Hygiene Standards;
* Personal Protective Equipment (PPE);
* External risks controls;
* Testing, screening and reacting to positive results; and
* Worker communication, engagement and communication

**Monitoring and Reporting**

I undertake to perform ongoing monitoring of COVID-19 risks applicable to my business and to report if required.

**Verification**

My business is available during all operating hours for inspection and verification by any authorised law enforcement officials and I undertake to co-operate with such law enforcement officials to assist them in fulfilling their duties.

**Declaration**

I hereby declare that to my knowledge, the foregoing is true and correct. I accept that a false declaration may carry legal penalties.

Yours sincerely

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

SIGNATURE

Full Name

Designation

Email address:

Cell Phone: