

## 1. Instructions

- a) Complete this checklist during tender evaluation / pre-award and confirm again prior to mobilization.
- b) The Contract Owner is accountable for ensuring completion. The Site HSE Manager (or delegate) reviews HSE evidence and confirms acceptability.
- c) Where a requirement is not applicable, state the reason. Where evidence is pending, record the due date and responsible person.
- d) Escalate to Category 1 (Full Contractor HSE File) where the risk profile or scope warrants additional controls. Where scope, duration, workforce size or risk profile changes, the contractor category and onboarding controls shall be reassessed and any additional requirements implemented before continuing work.

Decision logic: Not Approved if any applicable legal compliance item fails (Section 4) or if critical control capability for the scope cannot be demonstrated. Conditionally Approved is permitted only where conditions can be closed before mobilization and the Contract Owner and Site HSE Manager accept the risk.

## 2. Contractor & Scope Details

Contractor Details			
Contractor Company Name		Company Reg / TIN	
Contract / Package Name		Contract No.	
Scope Summary (what work?)		Work Locations (areas)	
Start Date		End Date	
Estimated Manpower (peak)		Estimated Total Manhours	
Subcontractors Planned (Y/N)		List Subcontractors attached (Y/N/NA)	
<b>High-Risk Work (tick applicable)</b> <input type="checkbox"/> WAH <input type="checkbox"/> Confined Space <input type="checkbox"/> Lifting <input type="checkbox"/> Excavation <input type="checkbox"/> Hot Work <input type="checkbox"/> Electrical/LOTO <input type="checkbox"/> Explosives <input type="checkbox"/> Mobile Equipment			
SIMOPS Exposure (Y/N)		Any other High-Risk Exposures (Specify)	
Client Contact / Contract Owner		Contractor Representative	

### 3. Contractor Category (Risk Based Onboarding)

Select the applicable category. The Contract Owner and Site HSE Manager may escalate requirements based on risk.

Tick	Category	Typical Criteria	Minimum Pack Required
<input type="checkbox"/>	Category 1 Long-term	Duration > 3 months OR sustained presence in operational areas OR significant manpower OR repeated high-risk work.	Full HSE File + Approved HSE Plan + Weekly Reporting
<input type="checkbox"/>	Category 2 Short-term	Duration ≤ 3 months; limited manpower; defined scope; limited SIMOPS exposure. Escalate where high-risk work exists.	HSE Short Term File + Task JHAs/PTW as applicable
<input type="checkbox"/>	Category 3 Service	Routine servicing / maintenance / calibration / callouts; intermittent presence.	Service Pack + JHA/PTW for controlled tasks + Service Records
<input type="checkbox"/>	Category 4 Consultant	Advisory/professional services (design, assurance, surveys, specialist support). Site access is controlled by induction and access permissions.	Consultant pack: site induction (visit type); proof of competence/credentials; fit-for-work declaration/medical fitness where required; PPE & site rules acknowledgement (stop-work and incident/hazard reporting). If field activities, meet Category 2 controls (JHA/PTW, supervision, equipment inspections). Controlled document deliverables where they influence operational controls.
<b>Approved Category</b>		<b>Approved by Contract Owner (Name/Sign/Date):</b>	<b>Reviewed by Site HSE (Name/Sign/Date):</b>

### 4. Legal and Business Compliance

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <i>(If Conditional Note actions required)</i>
4.1	Company registration, business licence and tax compliance provided (e.g., incorporation / TIN).	Registration certificate; business licence; TIN; tax compliance evidence; scope-relevant licences/permits (as applicable).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.2	Tanzanian OSHA workplace registration evidence provided where required prior to mobilization.	OSHA registration certificate / proof of application	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <i>(If Conditional Note actions required)</i>
4.3	WCF registration evidence provided (Workers Compensation Fund) where required.	WCF registration evidence / certificate (or proof of application where accepted).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.4	Insurance cover confirmed (as per contract): public liability, employer liability/workers compensation.	Insurance certificates; policy schedules	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.5	Subcontractors declared and subject to the same pre-qualification requirements.	Subcontractor list; approvals	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.6	Acceptance of site rules, stop-work authority, and compliance with applicable laws and Perseus standards.	Signed acknowledgement / contract clauses	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.7	Local Content compliance confirmed (where applicable) for the contracted scope in line with site Supply Chain governance.	Local Content compliance confirmation/approval Approved Local Content Plan / Mining Commission JV approval where applicable, or contract approval note referencing compliance), including subcontractor alignment confirmation where subcontractors are used.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.8	Access/Badging prerequisite: No personnel may access site until the Site Access/Badge Issue process is completed and approved.	Completed and approved Site Access & Badge Issue Request Form and/or access approval pack submission confirmation.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.9	Pre-employment screening completed prior to badging/mobilization, as required by site HR/Security governance.	HR screening completion record and/or HR confirmation accompanying the badge issue request pack.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
4.10	Commercial readiness confirmed: Contractor is able to comply with contract administration and financial governance requirements (programme/payment submissions, approvals, and recordkeeping).	Signed acknowledgement of contract administration requirements and/or agreed programme/payment submission process; nominated contractor commercial representative and submission schedule (as applicable).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

**5. HSE Management System Capability**

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <small>(If Conditional Note actions required)</small>
5.1	HSE policy statement signed by senior management (or commitment statement for small contractors).	Policy / signed commitment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.2	HSE organization and responsibilities defined (including supervision arrangements).	Org chart; role descriptions	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.3	Competence and training management process in place (verification of licenses/certificates).	Training matrix; certificates	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.4	Risk management process available (Take 5 / JHA or approved equivalent).	Risk procedure; sample JHAs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.5	Incident and hazard reporting process aligned to site requirements (incl. immediate verbal notification and written report within 24 hours where required, plus escalation).	Procedure; forms; acknowledgement of 24-hour reporting requirement; sample reports	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.6	Corrective action management (CAPA) process with tracking and close-out.	Action register example	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.7	Document control and recordkeeping process (controlled copies, retention).	Document control procedure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.8	HSE performance statistics and incident history provided (e.g., last 12-24 months) and evidence of action close-out/learning.	HSE stats summary; incident register (summary); investigation examples	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.9	Inspection/audit and monitoring program in place (planned inspections, audits, review and reporting).	Inspection/audit schedule; sample checklists; recent reports;	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
5.10	Contractor HSE Plan capability: ability to develop and submit a contract-specific HSE Plan aligned to the CMP and applicable Fatal Risk Standards, for review/approval prior to mobilization (where	Draft HSE Plan outline or previous plan example; commitment to submit and have approved prior to mobilization.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <i>(If Conditional Note actions required)</i>
	applicable).				

## 6. Personnel, Competency and Occupational Health

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <i>(If Conditional Note actions required)</i>
6.1	List of personnel to be mobilized with roles and competencies.	Mobilization roster	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
6.2	Medical fitness evidence for safety-critical roles and exposure-based health surveillance (where applicable.)	Fitness certificates; surveillance records	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
6.3	Safety and Health Representative(s) appointment plan where >20 employees and committee arrangements where applicable.	Appointment letters; committee TOR/minutes and action tracking (if applicable).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
6.4	Fatigue and fitness-for-duty controls for rostered work (where applicable).	Roster; fatigue plan / procedure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
6.5	Drug and alcohol controls in place (fit-for-work, testing triggers if required by site/contract).	Program summary; testing provider	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
6.6	Communication and language arrangements ensure comprehension (key HSE communications/toolboxes/signage delivered in English and Kiswahili where applicable).	Sample toolbox talk / induction materials (English & Kiswahili); communication plan / noticeboard examples.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

## 7. High Risk Work Controls (As applicable to Scope)

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <i>(If Conditional Note actions required)</i>
7.1	Permit-to-Work understanding and capability demonstrated (issuer/holder, supporting	PTW competency evidence; sample permits	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <i>(If Conditional Note actions required)</i>
	JHA).				
7.2	Working at Heights controls in place (competency, rescue plan where fall arrest is used).	WAH procedure; rescue plan	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
7.3	Confined space controls in place (permit, gas testing, rescue arrangements).	Procedure; detector calibration	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
7.4	Energy isolation/LOTO process in place (including verification / try).	LOTO procedure; registers	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
7.5	Lifting plan capability for critical lifts (where applicable).	Lift plan template; operator/rigging certs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
7.6	Excavation and penetration controls (utility locating, permits) (where applicable.)	Permit template; service plans	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
7.7	Hot work controls and fire prevention measures (permit, fire watch) where applicable.	Hot work permit; extinguisher records	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
7.8	Explosives management controls (if applicable) and statutory licensing/competency.	Licenses; blast plan; procedures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
7.9	Fatality Risk Management / critical controls alignment for applicable high-risk work (critical controls, hold points, verification).	FRM mapping to scope; critical control verification forms; register / procedures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

## 8. Plant, Equipment and PPE

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <i>(If Conditional Note actions required)</i>
8.1	List of plant/equipment/tools to be brought to site and inspection regime.	Equipment list; inspection records	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
8.2	Vehicle and driving controls (licensing, defensive driving, journey management) (where applicable.)	Driver licenses; training records	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

<b>8.3</b>	Electrical tools protected by RCD/ELCB and inspection/testing program implemented.	Test tags; records	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
<b>8.4</b>	PPE supplied and compliant with site minimum requirements; PPE matrix available.	PPE matrix; issue records	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
<b>8.5</b>	Lifting tackle certification and color-tag inspection schedule understood (if applicable).	Certificates; inspection register	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

### 9. Environment, Emergency and Community (As Applicable)

Nr	Requirement	Evidence / Record	Applies	Provided	Comments / Actions <small>(If Conditional Note actions required)</small>
<b>9.1</b>	Environmental controls relevant to scope (waste, spills, dust/noise, chemicals).	Env procedure; SDS; waste plan	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
<b>9.2</b>	Emergency response arrangements understood (muster points, first aid, communications).	ERP summary; contacts; first aider list	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	
<b>9.3</b>	Community and security requirements acknowledged (access control, conduct, grievances).	Signed acknowledgement	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Conditional	

### 10. Evaluation & Decision

<b>Outcome</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Conditionally Approved	<input type="checkbox"/> Not Approved
<b>Conditions/Actions (If Any):</b>			

Approval/Authorization	Name & Surname	Signature	Date
Contractor Representative			
Human Resources			
Commercial Finance			



**Contractor Management Plan**  
**Contractor Pre-Qualification Checklist**

*REF: PMS-OHS-PLN-024*

Security			
HSE Manager or Delegate			
Contract Owner			