

# DE ZALZE WINELANDS GOLF ESTATE – NOTIFICATION OF CONSTRUCTION WORK



Department of Labour: Fax: 086 6319184

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993

Regulation 3 of the Construction Regulations, 2003

1. Name and postal address of Principal Contractor:

\_\_\_\_\_

2. Principal Contractor's Compensation Registration Number: \_\_\_\_\_

3. Name and Postal address of Client:

\_\_\_\_\_

4. Name and Postal address of architect/consulting engineer(s) for the project:

\_\_\_\_\_

5. Name and Tel. No of Principal Contractor's Construction Supervisor on site:

\_\_\_\_\_

6. Exact Physical address of the Construction site or site office:

\_\_\_\_\_

7. Nature of the Construction work: \_\_\_\_\_

8. Expected Commencement Date: \_\_\_\_\_

9. Expected Completion Date: \_\_\_\_\_

10. Estimated Maximum number of persons on the Construction site: \_\_\_\_\_

11. Planned number of sub-contractors on the Construction site: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\* This Document is to be forwarded to the Office of the Department of Labour **PRIOR TO THE COMMENCEMENT** of the work on site with a copy given to the HOA.