

OCCUPATIONAL HEALTH AND SAFETY ACT, ACT 85 OF 1993 SNAKE HANDLER – APPOINTMENT LETTER

I, _____, designated as the **16(2)** appointee for
_____ (Company Name), hereby appoint you,
_____, as the SNAKE HANDLER.

In terms of this appointment, you are responsible to perform the following functions:

- To be readily available during your working hours/shifts to respond to snake observations and to remove problems snakes as is needed;
- Remove snakes from working areas and other areas on the property in a professional and safe manner;
- Ensure that you are familiar with your snake handling equipment and that your equipment is always close by to ensure a quick response when you are called;
- Ensure that your PPE is always in a good and ready condition;
- Administer first aid to all persons requiring first aid treatment in the event of a snakebite occurring and document everything regarding the event;
- To ensure that you familiarize yourself with the snakebite first aid equipment if you have been issued with a Snakebite First kit, alternatively familiarise yourself with the locations of first aid kits around the site;
- Should the snake capturing and relocation duties in your area of responsibility involve working around hazardous chemical substances, you must familiarise yourself with the material safety data sheet (MSDS) for the particular substance(s) that may be involved;
- Once a snake removal situation has been reported to you, you will immediately communicate with the rest of the health and safety and/or emergency team to ensure that the correct Health and Safety procedures are taken into consideration;
- Report the species, location found, size, relocation site, and any other relevant information to your Health and Safety Representative or other designated person;
- To ensure that you keep your Snake Identification, Handling & Snakebite Treatment certificate current at all times for the duration of this appointment.

Your appointment is valid from: _____ to _____.

Signature 16.2

Date

Kindly confirm your acceptance of this appointment by completing the following:

I, _____, understand the appointment as detailed above and confirm my acceptance thereof.

Signature

Date