

APPOINTMENT OF COMPLIANCE OFFICER IN TERMS OF REGULATIONS ISSUED IN TERMS OF SECTION 27(2) OF THE DISASTER MANAGEMENT ACT, 2002

I, (name and surname),
the elected President of or Owner of (indicate)

..... (Affiliate/Club/Swim School),

hereby appoints, (name and surname),

with ID number as COVID-19 Compliance Officer

for..... (name of training venue / District / Province)

This appointment is effective from the date of acceptance of the appointment until date it is withdrawn in writing.

You are required to ensure that:

- The COVID-19 prevention measures are complied with as set out in the SSA Directive on COVID-19.
- The COVID-19 health and protocols at the training venue are complied with.
- The workplace plan for the training venue is complied with.
- Your name and designation as the Compliance Officer for the training venue is displayed in a visible area in the training venue.

You are required to submit a written report on the level of compliance with the:

- SSA COVID-19 Directive.
- The COVID-19 health and hygiene protocols at the training venue.
- The return to play plan

Your report must include the measures taken to rectify the non-compliances which were identified.

.....
Signature

.....
Date

ACKNOWLEDGEMENT AND ACCEPTANCE OF APPOINTMENT AS COMPLIANCE
OFFICER

I, (name and surname),

with ID number

acknowledge and accept my appointment as COVID-19 Compliance officer of

..... (Affiliate/Club/Swim School),

for.....(name of training venue / District / Province).

I am committed to ensure that:

- The COVID-19 prevention measures are complied with as set out in the SSA Directive on COVID-19.
- The COVID-19 health and protocols at the training venue are complied with.
- The workplace plan for the training venue is complied with.

.....

Signature

.....

Date