

	Client company name		ICON CONSTRUCTION							Date of CSI	20/07/2023
lien	t rep name	LINDEL	ANIKHUI	MALO							
Client signature		Designa							ignati	on Safety Office	ır
CSI completed by (name)		G€OBISA MTSHOKO							-		
Mtshoko Rep. name		BHEKUMZI MTSHOKO						Designation DIRECTOR			
Mtshoko Rep. based		On-site Off-site					***************************************	Signature Male Color			
requently of CSI							7/0	Monthly Other – specify:			
	t Payroll Frequency							Monthly Other – specify:			
csi	MEASUREMENT AREAS		N/A	1 2	3 3	1 5	6 7	8		our Comments: 1) What Vhere can we improve?	are we doing (ight 22)
1	T									) How can we improve (if	applicable)?
1	Invoicing  *Accuracy  *Timeously delivery			esta de participa de la companya de				1			
2	*Ease of use & or user - friendly  PPE  *Issued as per your signed Costing								V		
3	*Neatness and appearance  Placement of *Assignee(s)  *Per SLA  *Quality of *Assgnees, placed			-				·/			M
4	Replacement of Absent * Assig *Per SLA *Quality of * Assignee(s) placed	nee(s)							i/	30.400	
5	Management of Labour Relat *IRLise disciplining amongst other *CCMA Case handling & outcome	z)						-			
6	Management of Queries *Timeously (Action and feedback) *Professionally	200000000000000000000000000000000000000						,	/		
	Visibility and or availability or Management								/		-
7	*For meeting, visit, amongst othe *Contact via cell. landline or emai	il						+-			
7	*For meeting, visit, amongst othe *Contact via cell, landline or email Monthly Site Reports *Impact <u>Qashboard(if applicable)</u> *Other inforequirements, etc.										