

**APPOINTMENT (DESIGNATION) AS COVID-19 COMPLIANCE OFFICER IN TERMS OF REGULATION 16(6)(a) OF THE REGULATIONS ISSUED IN TERMS OF SECTION 27(2) OF THE DISASTER MANAGEMENT ACT, NO. 57 OF 2002**

**Job Title:**

**Name:**

**ID No.:**

On 29 April 2020 new Regulations were issued in terms of Section 27(2) of the Disaster Management Act, No. 57 of 2002 (“DMA Regulations”).

In terms of DMA Regulation 16(6)(a), …………………………….. [INSERT NAME OF STABLES/YARD] is required to appoint (designate) a COVID-19 Compliance Officer.

In accordance with the authority given to me in terms of my position as Head of Institution for ……………….[INSERT], you are hereby appointed (designated) as Covid-19 Compliance Officer in terms of Regulation 16(6)(a) of the Regulations issued in terms of Section 27(2) of the Disaster Management Act, No. 57 of 2002 (“DMA”) at …………………………. [INSERT] Yard/Stables (the “Stables”).

Your appointment (designation) as Compliance Officer at the Stables and its premises, is on the following terms:

1. **DURATION**

Your appointment as COVID-19 Compliance Officer with effect from …May 2020 until such time as the “*state of disaster*” which has been declared in terms of Section 27(1) of the DMA, is lifted / revoked, or this appointment is superseded or cancelled.

# **REPORTING**

From a statutory perspective, you will report to me, as the Head of Institution of………………………… [INSERT] (the “Employer”), on managing compliance in terms of DMA Regulation 16(6)(a) of the DMA Regulations.

# **SCOPE OF APPOINTMENT**

The geographic scope of your appointment is the …………………………………………… [INSERT NAME OF STABLES/YARD] contained in annexure “A” to this letter of appointment., situated at ……………………………………………………………………..[INSERT PYSICAL ADDRESS OF STABLES/YARD]

# **STATUTORY RESPONSIBILITY**

You are appointed (designated) in terms of DMA Regulation 16(6) to manage and oversee compliance with the responsibilities of the Employer as set out in the DMA Regulations, within your area of responsibility.

# **FUNCTIONAL RESPONSIBILITY**

* 1. In your capacity as the appointed COVID - 19 Compliance Officer you are required to oversee:
     1. the implementation of a Stable/Yard Activity Plan (“**Yard Plan**”) required in terms of DMA Regulation 16(6)(d); and
     2. adherence to the standards of hygiene and health protocols relating to COVID-19 at the Stables, as required in terms of DMA Regulation 16(6)(a)(ii).
  2. The Employer is required to implement a Yard Plan for the activities associated with feeding and exercising of horses within the curfew of 06:0-09:00am in the mornings. All activities and attendees must be identified, permits checked and be retained for inspection by the authorities.
  3. In accordance with your appointment as the COVID-19 Compliance Officer, you are required to:
     + 1. Confirm what health protocols are in place to protect employees and owners attending the premises for feeding and exercising their horses from COVID-19; and
       2. Manage and oversee with the implementation of the Yard Plan.

# **APPOINTMENT OF COMPLIANCE EMPLOYEES**

* 1. In terms of DMA Regulation 5(4)(e), the Employer is further required to appoint (designate) COVID-19 Compliance Employees, who will be responsible for ensuring compliance with DMA Regulations 5(4)(a)-(d).
  2. You are hereby authorized and required to make the necessary appointments (designations) of COVID-19 Compliance Employees, for the stable yard and premises.

# **GENERAL**

* 1. It will be your responsibility to report any shortcomings, in relation to the implementation of applicable DMA Regulations, which you are unable to rectify, immediately in writing to me as the Head of Institution.
  2. You acknowledge that you are sufficiently informed, qualified and skilled to carry out your responsibilities as set out in this letter of appointment.
  3. In the event that you require any further guidance, information or instruction, you are required to request such guidance, information or instruction immediately.
  4. You acknowledge that you have been provided with the necessary means and support to carry out your responsibilities as set out in this letter.
  5. This letter of appointment cancels and supersedes all previous designation(s) in relation to Covid-19.

Signed at on this day of 2020

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**STABLE OWNER/MANAGER**

I hereby acknowledge the designation above and confirm that I fully understand the requirements of the designation, and the responsibilities as set out in the DMA Regulations and that I am fully conversant with the provisions of these Regulatory requirements.

Signed at on this day of 2020

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**COMPLIANCE OFFICER**