

PLAN Town & Regional Planners
Stads- en Streeksbeplanners
Active

A Theart
TP (H Olivier)

6 Magnolia St / Str
PO Box / Posbus 296
HERMANUS
7200
Tel: (028) 313 1673
Fax / Faks: (028) 312 1351

Email: planactive@hermanus.co.za
Website: www.planactive.co.za



2 September 2015

Our reference: PA15009

The Municipal Manager
Overstrand Municipality
PO Box 20
HERMANUS
7200

For attention: Mr. Henk Olivier

Sir,

FILE NO:	EL 1462 SB
SCAN NO:	
COLLABORATOR NO:	835204

COMMENTS ON OBJECTIONS: ERF 1462 SANDBAAI: PROPOSED REMOVAL OF RESTRICTIONS AND REZONING

Your letter dated 13 August 2015 with the enclosed objections refers. Please note that Mrs. Elaine van Niekerk has withdrawn her objection. Please refer to her e-mail dated 14 August 2015 attached as Addendum A. With reference to the objections received our comments on matters not covered in the letter from Amanzi Biosecurity Veterinary Services are as follow:

- With reference to the Overstrand Growth Management Strategy the subject erf is earmarked for "Economic Opportunity", as well as all the erven alongside Main Road, Sandbaai, from End Street to Long Street. The proposed application consists of the removal of restrictive Title Deed conditions and a rezoning from Residential Zone I to Business Zone III (Local Business) in order to relocate Amanzi Biosecurity Veterinary Services. Their practise can be classified as a professional use that is similar to that of a Doctor's consulting room, a dentist or office use that is compatible with "Economic Opportunity" as proposed in the Overstrand Growth Management Strategy.
- It should be noted that Amanzi Biosecurity Veterinary Services visits their clients' premises that includes abalone farms, fish farms etc. where they collect samples that are brought back to their laboratory to be examined. They don't have "patients" or clients that come to their premises as is the case with doctors and dentists. It should also be noted that not all the employees mentioned below own vehicles. Therefore the number of traffic trips generated is minimal.
- The personnel that are currently employed by Amanzi Biosecurity Veterinary Services are 2 Veterinarians, 1 Technologist, 1 Technician, 2 Laboratory Assistants and an administrative clerk. With reference to the current number of employees, a total number of 7 people will occupy the existing dwelling during office hours. The impact of these 7 people making use of the current sewer system will be similar to that of a normal household. The impact might even be less due to

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John Mc Lachlan: Ndir (Town Planning) Tech Witwatersrand; MSAPI Nr.10908; SACPLAN Tch.Pln B/8250/2014
Pauline Spronk: B (Soc Sc) US, BA Hon (UNISA)
Meriké Lerm: B. Art et Scien Cum Laude (Town Planning) UNW; SACPLAN Pr.Pln A/158/2009

TP

the fact that the employees will not make use of showers or baths. It should also be noted that all bio waste and chemicals are properly managed and will not end up in the existing sewer system.

- The operations of Amanzi Biosecurity Veterinary Services is purely of a professional kind and generates no noise and will not be a nuisance for surrounding residential land owners. The proposed land use is not suited within a harbour environment the instruments used will corrode due to the close proximity to the ocean.
- The property that was purchased by Amanzi Biosecurity Veterinary Services was neglected by the previous owner. There are a number of great examples of neglected houses that were purchased by companies and medical practises that have been renovated. Ultimately they uplift the surrounding area, becomes an asset, and has a positive spinoff with reference to the value of surrounding erven.

As mentioned above, we have only commented on the objections not covered by Amanzi Biosecurity Veterinary Services. Please refer to the comments received from Amanzi Biosecurity Veterinary Services as Addendum B with reference to the rest of the objections. Addendum B contains the following:

- A letter as response on the objections received dated 26 August 2015 from Amanzi Biosecurity Veterinary Services ;
- Amanzi Biosecurity Veterinary Services Standard Operating Procedures;
- A copy of the checklist from the Department of Agriculture, Forestry & Fisheries: Directorate Animal Health.

We trust that you would find the comments on the objections received in order and trust that the application will be favourably evaluated.

Yours faithfully



John Mc Lachlan

ADDENDUM A

Planactive

From: Elaine Van Niekerk [elaine.badie@gmail.com]
Sent: 14 August 2015 03:20 PM
To: 'Loretta Gillion'
Subject: RE: Erf 1462, Sandbaai

Hi Loretta

Hiermee onttrek ek my beswaar teen voorgenome laboratorium.

Baie dankie

Groete

Elaine van Niekerk

From: Loretta Gillion [mailto:lpag@overstrand.gov.za]
Sent: 04 August 2015 08:52 AM
To: elaine.badie@gmail.com
Subject: RE: Erf 1462, Sandbaai

More Elaine

Kennis word geneem van die onderstaande epos.

Onttrek u dus u beswaar? Kan u asb bevestig.

U epos is na Mnr. McLachlan ook aangestuur vir sy aandag.

Groete

Loretta Gillion

Administrator: Town Planning
Hermanus Administration
Overstrand Municipality
Tel: 028 3138900
Fax: 028 3132093
loretta@overstrand.gov.za

>>> "Elaine Van Niekerk" <elaine.badie@gmail.com> 04/08/2015 08:41 AM >>>
Goeiemore Loretta

Ek was gister by jou toe jy my weer n kopie van die dokument gedruk het. Baie dankie vir jou moeite. Ek het inligting wat ek by mnr Mc Lachlan gekry het, deurgegee aan n paar Sandbaaiers. Ek het glad nie meer n probleem met die laboratorium langs my nie, maar my buurvrou het in n lab gewerk en vlg haar het al die personeel siek geraak van die chemiese stowwe wat glo ook in die mure ingetrek het. Sy wil nie kopgee nie.

ADDENDUM B



Reg no: 2007/012785/08
Private Bag x15, Suite 190, Hermanus, 7200

26 August 2015
File reference: 1462 HSB (2872)

Town Planning: Hermanus
Overstrand Municipality
PO Box 20
Hermanus
7200

Dear Ms Olivier

Erf 1462, 80 Main Road, Sandbaai, Overstrand Municipal Area: proposed removal of restrictions and rezoning

Thank you for forwarding the letters of objection to us. I would like to offer the following response:

1 Reasons for relocation

1.1 Amanzi Biosecurity currently leases premises. We feel that it would be more advantageous to own our premises, as we would then have an asset rather than a rental expense.

1.2 We are primarily a professional services company which consults to the aquaculture industry. Our business is similar to that of a doctor, dentist or veterinarian, who would also have laboratory facilities at their practices. Therefore, we feel that a business district is more suitable for us than an industrial area.

1.3 As you are aware, the central business district of Hermanus was our first choice for relocation, but suitable premises are not available. The planned business node in Sandbaai was the next best option.

2 Nuisance value from noise and activity

2.1 The respondents allege that Amanzi Biosecurity will create a nuisance in terms of noise and increased traffic.

2.2 Our company does not generate any noise. We are a service business similar to other professional services such as doctors, lawyers or engineers.

2.3 In terms of traffic, we do not receive clients at our premises, so the only additional traffic would be from staff. This translates into approximately five vehicles arriving and leaving per day, during office hours. We also have our own company vehicle, which may be used during office hours. This is substantially less traffic than would be generated by a business which is visited by its clients or customers.

2.4 I would urge you to contact any of our neighbours at our current premises to confirm this.

3 Nuisance value resulting from biological waste

3.1 The respondents allege that our laboratory will create a nuisance in terms of generating unpleasant odours and waste, and attracting flies.

3.2 Amanzi Biosecurity has a standard operating procedure in place for the disposal of both chemical and biological waste. I attach a copy for your information.

3.3 In addition to other regulations regarding waste disposal, Amanzi Biosecurity is subject to regulation by the South African Veterinary Council (SAVC). The recently updated Rules Relating to the Practising of Veterinary Professions (under the Veterinary and Para Veterinary Professions Act 19 of 1982) include a section headed Veterinary Laboratory which deals, amongst other matters, with waste disposal. We may be audited by the SAVC at any time.

3.4 Amanzi Biosecurity is a DAFF (Department of Agriculture, Forestry and Fisheries) approved laboratory. To obtain this approval, we were audited towards the end of last year. This included auditing our waste disposal practices and we were fully compliant. I attach a copy of the audit checklist that is used during the assessment for your information.

3.5 Any biological material that may decompose prior to removal is stored in a dedicated waste freezer. Therefore, there are no odours or flies.

3.6 All potentially infectious waste is removed by Solid Waste Technologies (www.swtsa.co.za), who specialise in the safe transport and disposal of medical waste.

3.7 Regarding the comment relating to perishable goods, I would counter that the existing retailers in the Main Road already deal in perishable goods, and carry a much larger volume of perishable goods than the biological waste generated by Amanzi Biosecurity.

3.8 We are in the seventh year of leasing our current premises. There has never been a complaint regarding odours or flies from any of our neighbours or the landlord. I would urge you to contact any of them in this regard. Our landlord is Neil Wessels, who can be reached at 082 050 6778.

4 Risk of disease introduction

4.1 The respondents express a concern that an infectious agent may enter the municipal sewage system from Amanzi Biosecurity and then be introduced to the sea through spillage of sewage. They believe that the existing sewage system is inadequate and prone to such spillages.

4.2 Biosecurity, or controlling the risk of disease, formed part of our audit by DAFF, mentioned above. We were fully compliant.

4.3 I would want to stress that the majority of samples received at our laboratory are of normal animals that are processed for routine surveillance. In addition, most of them originate from Walker Bay.

4.4 As detailed above, all biological waste is removed by Solid Waste Technologies, a specialised contractor. It does not enter the sewer.

4.5 Furthermore, hand washing in the laboratory is with ScrubUp Liquid Soap (Kyron), a chlorhexidine based surgical scrub. It is primarily designed for use by surgeons to wash their hands prior to operations. Any potentially infectious agents are therefore destroyed during hand washing.

4.6 Items that have been used on farms, such as gumboots, are disinfected with Virkon (DuPont). Virkon is a widely used and respected disinfectant for agricultural applications.

4.7 Equipment used in the laboratory for dissection of samples is disinfected with household bleach (Jik). Therefore, should any infectious agents be transferred to equipment during dissections, these are destroyed during the cleaning process.

4.8 It should be added that freshwater is lethal to many infectious agents of marine aquatic animals. Freshwater is used a bath treatment for a number of parasitic disease of marine aquatic animals. Therefore, exposure to freshwater will act as a further barrier to spread of infectious agents from the laboratory.

4.9 Lastly, even if an infectious agent were able to overcome all the processes described above, it would have to survive the intensely unfavourable environment of sewage, which has a large and aggressive microbial community.

4.10 I am a veterinarian with nearly twenty years of experience in aquatic animal health and I can assure you that there is no risk of the introduction of an infectious disease to Walker Bay from the sewage produced at Amanzi Biosecurity. Prevention of infectious disease in aquaculture is one of the primary aims of Amanzi Biosecurity and we are highly competent in this field.

4.11 I would also stress that, should we find that the existing tank at Erf 1462 leaks or is in any way not functional, we will replace it, as we cannot conduct our business on premises without adequate plumbing. Regarding the allegations about problems with the sewage system in Sandbaai as a whole, it is a completely different issue and I do not feel that it is reasonable to reject our application on these grounds.

5 Risk posed by chemical waste

5.1 The comments regarding the regulation of biological waste disposal also apply to chemical waste. The handling of chemical waste is included in the attached standard operating procedure.

5.2 All chemical waste is removed by Wasteman Western Cape (www.wasteman.co.za), a fully certified company which handles hazardous waste.

5.3 No chemical waste is disposed into the sewage system.

5.4 In terms of chemical usage, earlier this year Amanzi Biosecurity was independently audited by a certified inspection body (Occupational Hygiene Monitoring Services) to assess the safe use of chemicals in our laboratory. We were found to comply with all relevant legislation.

In conclusion, I would like to invite officials from the Municipality to visit our premises and investigate for themselves, as well as to speak with any of our current neighbours or our landlord. I am confident that our occupation of Erf 1462 in Sandbaai will set the tone for the development of an attractive and orderly business node, bringing much needed economic growth and job creation to the area.

I hope our response will enjoy your favourable attention. Please do not hesitate to contact me should you require any additional information.

Yours sincerely



Anna Mouton.

Reg no: 2007/012785/08
Private Bag x15, Suite 190, Hermanus, 7200
© 028 313 2411 fax 086 536 5533



Standard Operating Procedure B3 ♦ 30 October 2014 ♦ ver1
Waste disposal

1 General procedures

- 1.1 Waste disposal must be done in a safe manner and mitigate risks to health and safety, the environment and biosecurity.
- 1.2 Waste is diverted into four streams: municipal, recycling, chemical and medical.
- 1.3 No chemical waste may be disposed down drains.
- 1.4 Female hygiene products must not be flushed down the toilet, but placed in the dedicated receptacles in the bathrooms. These are serviced on a set contract by an outside hygiene provider.

2 Responsible persons

- 2.1 All laboratory staff are responsible for ensuring that waste goes in the appropriate stream.
- 2.2 It is the responsibility of the laboratory head to ensure that waste receptacles in the laboratories are emptied regularly. It is also the responsibility of the laboratory head to inform the office manager when chemical or medical waste collection is needed.
- 2.3 It is the responsibility of the office manager to ensure that waste receptacles in the offices and staff kitchen are emptied weekly. It is also the responsibility of the office manager to arrange collection of chemical and medical waste.

3 Municipal waste

- 3.1 No tissues, including shells, media, potentially infectious materials, chemicals or sharps may be put into municipal waste.
- 3.2 Acceptable items include papertowel, newsprint, gloves and other general waste.
- 3.3 Each laboratory and the staff kitchen has a large flip top bin for municipal waste.
- 3.4 Each office and toilet also has a small bin for municipal waste.
- 3.5 Municipal waste for collection must be placed in the green baboon proof wheelie bin and placed outside on Tuesday mornings.
- 3.6 The bin is put inside under the staircase as soon as the municipality has emptied it.

4 Recycling

- 4.1 Office paper, clean packaging, empty milk cartons and glass or metal items may be recycled. Recycling waste must be placed in clear plastic bags.
- 4.2 There are two black tote boxes in the upstairs offices and one in the staff kitchen for recycling. They are marked with recycling symbols.

5 Chemical

- 5.1 All waste chemicals are placed in the hazardous chemical store until removal by a chemical waste removal company. No chemical waste is disposed down drains or in municipal waste.
- 5.2 Each waste container is labeled with the contents, hazard types, date the container was started, responsible person and **WASTE**.
- 5.3 All waste containing formalin is placed with the Davidson's waste in 25 liter clear plastic drums. Black drums may not be used for this waste. Five liters of waste is allowed per drum and the remaining volume is filled with tapwater.
- 5.4 All ethanol waste is placed in 25 liter drums. This includes all dilutions of ethanol, but not acid alcohol or Davidson's fixative.
- 5.5 Xylene and toluene waste are put in separate metal drums and marked as either xylene or toluene waste. Plastic drums are not suitable for xylene and toluene.
- 5.6 Other waste from staining is put separately in either 25 liter drums, for haematoxylin, eosin and acid alcohol, or one liter plastic bottles.
- 5.7 For all chemical waste, the removal company requires a sample plus material data sheets before they will consent to removal. This must be arranged prior to booking removal of a new type of chemical waste.
- 5.8 Waste chemicals are stored on the right side of the hazardous chemical store and occupy the bottom shelf and the floor area in the right corner by the door. Drums may be stacked one on top of the other, but not more than two per stack.
- 5.9 When the waste storage areas are full, the office manager is instructed to arrange collection with the removal company.
- 5.10 Prior to removal, the labels provided by the chemical waste removal company must be affixed to all drums.
- 5.11 When waste is collected, the collection note must be checked to ensure that the quantities removed are correctly recorded. If metal drums are delivered, the delivery note for this should also be checked. Completed paperwork is given to the office manager for correlation with the invoice.
- 5.12 Ethanol waste collection must also be noted on Record sheet B2.

6 Medical

- 6.1 Sharps are placed in dedicated sharps bins. When the contents reach the fill line, the bin is closed and placed next to the waste freezer for collection.
- 6.2 Shells are placed in a lined medical waste box marked with the biohazard symbol. The box is in the sample preparation laboratory. It can also be used for dry contaminated items such as non sterile disposable loops. It may not be used for sharps of any kind. When the box is full, it is sent for incineration with the frozen medical waste.

6.3 Any tissues or items grossly contaminated with body fluids are placed in red medical waste bags in the waste freezer in the biosecurity room. This freezer is also used for culture media such as petri dishes. When the freezer approaches full, the office manager is instructed to arrange collection.

6.4 Medical waste is collected by a medical waste handling company. They supply the sharps bins, red plastic bags and boxes with the biohazard symbol.

6.5 On the morning of collection, the red bags are removed from the freezer, closed and sealed in the boxes. A description of the contents is written on each box.

6.6 When waste is collected, the collection note must be checked to ensure that the quantities removed are correctly recorded. If sharps bins or boxes are delivered, the delivery note for this should also be checked. Completed paperwork is given to the office manager for correlation with the invoice.

6.7 The freezer in the biosecurity room is cleaned after the first collection event of every month. This is recorded on Record sheet E3.

6.8 The waste freezer may not be used for any purpose other than storing waste.

7 References

7.1 Record sheet B2: Ethanol stock.

7.2 Record sheet E3: Waste freezer.



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Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

DIRECTORATE ANIMAL HEALTH FORM: DAFF 012-F01

CHECKLIST: MANAGEMENT AND
TECHNICAL

EDITION: 10

LABORATORY:		DAFF NO:	
Lab Representative:			
Lead Auditor:			
Technical Auditor(s):			
Date:			
No	REQUIREMENTS	C/ NC/ NA (conformance/ non- conformance/ not applicable)	COMMENTS
1.	DATA CONTROL AND RECORDS		
1.1	Quality Management System		
1.1.1	Are all policies, programmes and procedures documented, authorised, implemented and accessible to all personnel?		
1.1.2	Is there a procedure available for participating in Inter-laboratory comparison?		
1.1.3	Does the Laboratory have a Quality Manual?		
1.1.4	Is there a procedure and are records available for the handling of complaints?		
1.2	Document Control		
1.2.1	Does the laboratory have procedures to control all documents and information?		
1.3	Control of Non-Conformances and Corrective Actions		
1.3.1	Is there a procedure and are records available for the management of non-conformances and corrective actions?		
1.4	Technical Records		
1.4.1	Is it possible to establish an audit trail?		
1.4.2	Do records include all the relevant detail?		
1.5	Internal Audit		
1.5.1	Does the Laboratory perform regular internal audits (managerial and technical)? Are records available?		



1.6	Computer System	
1.6.1	Does the Laboratory have a functional computer system (e.g. LIMS)?	
1.6.2	Is the computer system protected against unauthorised access (passwords, access levels, traceability)?	
1.6.3	Is there a procedure for the changes of any result entries and errors?	
1.6.4	Is there a procedure for the back up of data?	
1.6.5	Are hard copies archived of all test data (results, etc.)?	
2.	PERSONNEL / TRAINING	
2.1	Organisational Chart	
2.1.1	Does the Laboratory have a definable management structure (organogram)?	
2.1.2	Has management designated a person as quality manager with responsibility for the quality system and its implementation?	
2.2	Sufficient Staff	
2.2.1	Is sufficient permanent and temporary staff available?	
2.3	Competency	
2.3.1	Are the following records up to date: a) Authorisation b) Competency	
2.3.2	Can personnel demonstrate sufficient technical expertise for each test procedure performed in the Laboratory?	
2.4	Education and Training	
2.4.1	Are job descriptions and training records available and up to date?	
2.4.2	Does the Laboratory have training programmes for personnel?	
2.4.3	Does inexperienced staff have access to technical advice from senior staff?	
2.4.4	Do staff members attend workshops, seminars and conferences (records of attendance)?	



2.4.5	Is proof of registration/ authorization with SAVC available OR proof of active communication?		
3.	FACILITIES (accommodation and environmental conditions)		
3.1	Environment and Accommodation		
3.1.1	Is access to all areas affecting the quality of tests defined and controlled?		
3.1.2	Is lighting, artificial or natural, adequate at all times?		
3.1.3	Is the laboratory environment of such a nature that it does not invalidate test results?		
3.1.4	Where relevant, is this monitored (daily temperature charts with parameters)?		
3.1.5	Are all aisles and corridors free of obstruction by refrigerators, equipment, etc?		
3.1.6	Are there sufficient clearly identified waste bins?		
3.1.7	Are there adequate storage facilities for the neat and safe storage of all relevant materials (Chemicals, records, slides, etc)?		
3.1.8	Is there a programme for pest control?		
3.2	Safety / Security / Emergency Evacuation Procedures		
	<i>Note: The OHS Act covers all statutory aspects of safety to which all Laboratories must conform.</i>		
3.2.1	Is there a documented procedure for disposal of infectious material?		
3.2.2	Is there effective separation of neighbouring areas in which there are incompatible activities?		
3.3	Safety of Personnel		
3.3.1	Has a designated safety officer been appointed? Are records of activities available?		
3.3.2	Are there documented policies regarding prevention of injury on duty and diseases contracted through exposure at work?		
3.4	Fire		
3.4.1	Are there sufficient fire extinguishers in the Laboratories and are they serviced regularly, according to a schedule?		
3.4.2	Are there adequate, clearly marked exit signs?		



3.5	Accidents and First Aid		
3.5.1	Are adequate first aid facilities (properly stocked first aid box) available in the Laboratory?		
3.5.2	Is the person in charge of first aid suitably qualified?		
3.5.3	Are eye wash facilities available (and distilled water regularly replaced) in the Laboratory?		
3.5.4	Is an emergency shower available in the Laboratory?		
3.6	Prevention of Laboratory Acquired Infection		
3.6.1	Where appropriate, is staff working in high-risk areas offered vaccination (Rabies)?		
3.6.2	Are eating, drinking, smoking, application of cosmetic materials and the storage of foodstuff prohibited in the Laboratory?		
3.6.3	Are hand-washing facilities available in the Laboratory?		
3.6.4	Are procedures available for daily decontamination of bench tops and equipment, as well as when breakages/spills occur?		
3.7	Personal Protective Equipment (PPE)		
3.7.1	Does the Laboratory supply laboratory coats and other PPE for all staff members as required?		
3.7.2	Are the laboratory coats regularly laundered (on-site/contractor)?		
3.7.3	Are staff members prohibited from wearing laboratory coats and other protective gear outside the Laboratory?		
3.7.4	Is adequate PPE worn when working with infectious material?		
3.8	Special Precautions		
3.8.1	Are biohazard and laminar flow cabinets used when hazardous bacteria, fungi or viruses are handled?		
3.8.2	Is there a procedure on discarding effluent directly into the municipal waste?		
3.8.3	Are there procedures and containers available for the disposal of sharps (needles)?		



CHECKLIST: MANAGEMENT AND
TECHNICAL

3.8.4	Are gas cylinders secured at all times and fixed to the wall with restraining chains and stored away from flames, heat or direct sunlight (especially flammable gases)?		
3.9	Waste Management and Handling of Hazardous Material		
3.9.1	Is contaminated material decontaminated (chemical/autoclave) before disposal or discarded in containers/bags for dispatch to an approved disposal contractor?		
3.9.2	Is the incinerator functioning effectively (ash monitored)? Are the following available: a) Temperature and time charts b) Maintenance records		
3.9.3	Are there emergency treatment procedures (according to manufacturer's data sheets) in the Laboratory for accidental contamination by hazardous materials and chemicals?		
3.10	Storage of Chemicals		
3.10.1	Are chemicals properly labeled and stored in a designated area (fire proof; smoke detector) with access control? Is compatibility considered?		
3.10.2	Are there documented procedures and staff training records for the safe handling of chemicals and infectious material?		
4.	SERVICE PROVIDERS AND SUPPLIES		
4.1	Is there a procedure to ensure that purchased equipment, materials and services comply with specified requirements?		
4.2	Is there an inventory control system for supplies (ensuring uninterrupted routine functions of the Laboratory)?		
4.3	Is there a list of approved Service Providers with approval criteria?		



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DIRECTORATE ANIMAL HEALTH FORM: DAFF 012-F01

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EDITION: 10

5.	EQUIPMENT		
5.1	Does the Laboratory have all the equipment necessary for the correct performance of all tests?		
5.2	Is adequate documentation (SOP's and maintenance records) available in the Laboratory?		
5.3	Is all equipment uniquely identified (for traceability)?		
5.4	Are all adjustable and fixed pipettes/dispensers checked for accuracy and reproducibility at regular intervals and the results recorded (procedure available)?		
5.5	Is a standby generator available for emergency power supply to the Laboratory (critical equipment)? Or for interim, is there a procedure available in case of power failure?		
6.	EQUIPMENT QUALITY CONTROL		
6.1	Temperature Dependant Equipment		
6.1.1	Is there a procedure available for daily monitoring of temperatures (minimum and maximum) for fridges, freezers, incubators and water baths (charts available)?		
6.1.2	Are corrective measures in place if the temperature readings are not within the limits?		
6.2	Thermometers		
6.2.1	Is a procedure as well as calibrated thermometer (master) available for verification purposes of other thermometers in the Laboratory?		
6.3	Balances		
6.3.1	Are balances serviced, calibrated and verified prior to use (according to a schedule)?		
6.4	Biohazard Cabinets		
6.4.1	Are cabinets calibrated and checked intermediately if still functioning correctly (records available)?		



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EDITION: 10

7.	REAGENTS, CONTROLS AND STANDARDS		
7.1	Are all reagents, controls and standards labeled before use or storage (ID, date of receipt, date of use/reconstitution/preparation and by whom, expiry date)?		
7.2	Are all reagents, controls, standards and reference materials, where applicable, traceable to National or International reference materials?		
7.3	Are reagents and standards stored according to specification (e.g. temperature)?		
7.4	Are all reagents, controls and standards reconstituted according to the manufacturers/suppliers instructions, using the appropriate diluents and pipettes?		
7.5	If controls, reagents and standards are expired are verification records available that they are still working?		
8.	SAMPLES		
8.1	Sample Transport		
8.1.1	Does a test requisition form accompany each sample dispatched to the Laboratory?		
8.1.2	Are samples transported in accordance with the National Road Traffic Regulations (triple packaging)?		
8.1.3	Are samples transported correctly between buildings/rooms (PM)?		
8.2	Sample Reception		
8.2.1	Is there a procedure for the handling of samples, including criteria for discarding unsuitable samples?		
8.2.2	Proper preparation of samples where long term storage is required.		
8.3	Sample Identification		
8.3.1	Is each sample given a unique identification number?		
9.	TEST METHODS		
9.1	Selection of Methods		
9.1.1	Is the method a recommended National or International method?		



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9.1.2	Are all Laboratory methods documented and readily available at the relevant workstations?		
9.1.3	Are all in-house procedures documented and validated?		
9.2	Method Procedure		
9.2.1	Do the procedures contain the purpose and principle of the method?		
9.2.2	Is the type of sample, equipment, as well as reagents needed specified (including temperature, storage and preparation)?		
9.2.3	Is the SOP a step by step procedure?		
9.2.4	Is the SOP followed?		
9.2.5	Does the procedure include quality assurance (QA) and quality control (QC)?		
9.2.6	Are safety hazards for the method identified and appropriate action/s to be taken documented?		
9.3	Method Validation		
9.3.1	Is the method validated and a report available, using OIE requirements (PT, inter-laboratory comparisons, sensitivity, specificity, reference standards, etc.)?		
9.4	Proficiency Testing Programmes and Inter-Laboratory Comparisons		
9.4.1	Does the Laboratory implement internal quality control (IQC) procedures and participate in external quality assurance (EQA) (PT x 1 per year; ILC x 2 per year, including reports with conclusions)?		
9.4.2	Does the Laboratory use at least TWO levels of validated controls (positive and negative) for IQC, if applicable?		
9.4.3	Do the controls give satisfactory results (e.g. certificate of analysis, standardised SOPs, etc.		



agriculture,
forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

DIRECTORATE ANIMAL HEALTH FORM: DAFF 012-F01

CHECKLIST: MANAGEMENT AND
TECHNICAL

EDITION: 10

9.5	Reporting of Results		
9.5.1	Does the Laboratory use a report form?		
9.5.2	Does the report contain relevant information: a) Laboratory b) Client c) Sample d) Method e) Results		
9.5.3	Does the designated (authorised) person review (signature) all results?		
9.5.4	Are all controlled diseases reported to the State Vet?		
10.	ADDITIONAL NOTES		
Lead Auditor:		Signature:	Date:
Technical Auditor/s:		Signature:	Date:



Telkom

Access Network Engineering

Telkom SA SOC Limited

10 Jan Smuts Drive
Pinelands
7404

Tel : 021 414 5614
Fax : 088 021 414 5616
Email : Petersi2@telkom.co.za

Enquiries : Ilhaam Peters
Our Ref. : WHMN2411/15
Your ref. :

TP- A Theart
(H Olivier)

31 August 2015

Attention : H Olivier
OVERSTRAND MUNICIPALITY
TOWN PLANNING
HERMANUS

FILE NO:	EL 1462-58
SCAN NO:	41
COLLABORATOR NO:	834467

Dear Sir/Madam

APPLICATION FOR TELKOM WAYLEAVES: ERF 1462, 80 MAIN ROAD, SANDBAAI: REZONING

With reference to your letter and dated 12 July 2015

I hereby inform you that Telkom approves the proposed work indicated on your drawing in principle. This approval is valid for 12 months only, after which reapplication must be made if the work has not been completed.

Any changes or deviations from the original planning during or prior to construction must immediately be communicated to this office.

Approval is granted, subject to the following conditions.

As per the drawing supplied, Telkom SA LTD infrastructure will be affected, consequently the conditions below and on the attached legend will apply.

Telecommunication services position is shown as accurately as possible but should be regarded as approximate only.

Should alterations or relocation of existing infrastructure be required, such work will be done at the request and cost of the applicant.

Please notify this office within 21 working days from this letter of acceptance and if any alternative proposal is available or if a recoverable work should commence.

Telkom

As important cables are affected, please contact our representative **FREDERIK SWART** at telephone number 028-514 1199 least 48 hours prior of commencement on construction work.

It would be appreciated if this office can be notified within 30 days of completion of the construction work. Confirmation is required on completion of construction as per agreed requirements.

Should Telkom SA infrastructure be damaged while work is undertaken, kindly contact our representative immediately.

All Telkom SA LTD rights remain reserved.

Yours faithfully



Daniel Cornelius
Operations Manager
Wayleave Management: Western Region

Telkom

Wayleave
Telkom S.A Ltd

Telkom

This wayleave, Ref **WWIP_WHMN2411_15** is valid for 12 months from date hereof and is subject to the following conditions.

1. No mechanical plant or vibrator type compactors may be used within three meters of any Telkom plant (i.e. any Telecommunications equipment above or below ground level).

2. The position of our plant affected by the proposal is indicated as approximate and our **FREDERIK SWART** TEL: (028) 514 1199 must be contacted at least 48 hours prior to commencement of the work, upon which the actual location of Telkom Plant will be indicated on-site.

3. A written request must be submitted to Telkom for consideration should the applicant require our plant to be relocated. The cost of such relocation will be recoverable from the applicant.

4. It is the responsibility of the applicant to verify the existence of the indicated plant and to notify Telkom immediately should the applicant locate any Telkom plant which is not indicated on the plans.












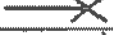


5. Should the applicant expose any Telkom plant, the safeguard thereof will be the applicants full responsibility.

6. Failing to comply with the above conditions or any special conditions addendum hereto will be regarded as gross negligence and the applicant will be held responsible for and damage or loss as a result thereof.

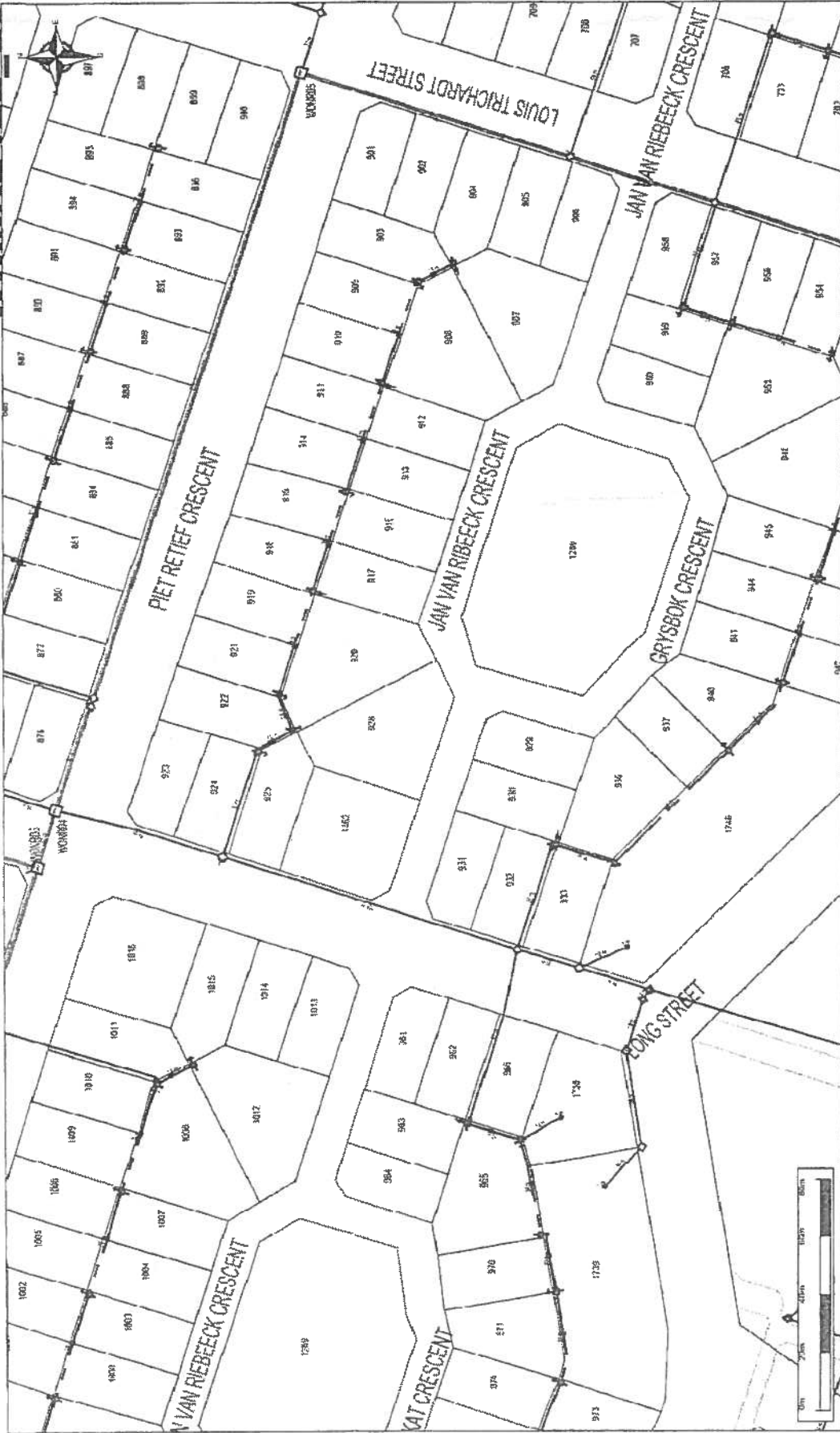
Date: 8/7/2015

For Regional General Manager
Western Cape

Telkom Symbol Legend

1. Underground Pipe Route	
2. Underground Buried cable	
3. Pipe Junction Boxes	  MH  JP 
4. Street Distribution Cabinet (SDC)	
5. Jointing Pillar (PJ) Above Ground	
6. Pole	
7. Robot Control	
8. Aerial Route	
9. Stay	
10. Strut	
11. Call Office	

WHMN2411_15



Legend		Planned Overhead Route		Conduit Terminus (Visual Element)	
	Existing Manhole		Planned Overhead Route		Conduit Terminus (Visual Element)
	Planned Manhole		To Be Recovered Overhead Route		Existing Underground Route
	To Be Recovered Manhole		Planned Underground Route		To Be Recovered Underground Route
	Existing Utility Pole		To Be Recovered Utility Pole		Planned Underground Route
	Planned Utility Pole		To Be Recovered Underground Route		Existing Overhead Route
	Existing Jointing Pole		To Be Recovered Overhead Route		
	Planned Jointing Pole				
	To Be Recovered Jointing Pole				
	Existing Inland DP		Existing Pole		Planned Pole
	Planned Inland DP		To Be Recovered Pole		Shut
	To Be Recovered Inland DP		Stuy		Access Point (Visual Element)
	Existing DLC		Planned DLC		
	Planned DLC		To Be Recovered DLC		
	To Be Recovered DLC		Existing Play-Kiva		
	Existing Play-Kiva		Planned Play-Kiva		
	Planned Play-Kiva		To Be Recovered Play-Kiva		
	To Be Recovered Play-Kiva				
	Existing SDC		Planned SDC		
	Planned SDC		To Be Recovered SDC		
	To Be Recovered SDC				



ROAD NETWORK MANAGEMENT
 Email: Grace.Swanepoel@westerncape.gov.za
 tel: +27 21 483 4669
 Rm 335, 9 Dorp Street, Cape Town, 8001
 PO Box 2603, Cape Town, 8000

REFERENCE: 16/9/6/1-21/47 (Job 23210)

ENQUIRIES: Ms GD Swanepoel

DATE: 12 August 2015

The Municipal Manager
 Overstrand Municipality
 Hermanus Administration
 PO Box 20
HERMANUS
 7200

FILE NO:	
SCAN NO:	
COLLABORATOR NO:	82-8804

Attention: Mr H Olivier

Dear Sir

ERF 1462, SANDBAAI, REZONING AND REMOVAL OF RESTRICTIONS

1. Your e-mail sent on 25 June 2015 refers.
2. Erf 1462 is located in Sandbaai (Hermanus) on the corner of Minor Road 4008 and Jan van Riebeeck Crescent. Access is off the latter.
3. This application is for the rezoning of the property from Residential Zone I to Business Zone III (offices), as well as the removal of restrictive title conditions to enable a business to be run from the property.
4. It is noted that the site development plan shows eight on-site parking bays.
5. This Branch offers no objection to this application in terms of the Land Use Planning Ordinance, No 15 of 1985.

Yours faithfully

ML WATTERS
 For CHIEF DIRECTOR: ROAD NETWORK MANAGEMENT

20 AUG 2015



TP- A Theart
(H Olivier)

The Municipal Manager
OVERSTRAND MUNICIPALITY
P.O. Box 20
HERMANUS
7200

Date:
25.06.2015

Enquiries:
Shaun Swanepoel
Tel 021 980-3913
Fax 086 660 0941

Attention: Loriaan Isaacs

Dear Sir/Madame

ERF 1462, HOOFWEG 80, SANDBAAI. OVERSTRAND MUNISIPALE AREA
OUR REF: 01733/15

I refer to your application received 25 June 2015

Eskom has no objection to the abovementioned application, provided the following conditions are adhered to:

1. Should it be necessary to move or support any of Eskom's services, at least 3 month's notice in writing is required and cost will be entirely for the account of the Developer / Applicant.
2. Eskom's right on the property will not be affected.

Please contact us should you require further information.

Yours sincerely

Esack Daware
LAND DEVELOPMENT (BRACKENFELL)

FILE NO:	EL 1462 SB
SCAN NO:	
COLLABORATOR NO:	794853

25 JUN 2015

CU Distribution Division - Western Region [Land Development]
Western Region
Eskom Road Brackenfell 7560 PO Box 222 Brackenfell 7561 SA
Tel +27 86 003 7566 www.eskom.co.za

Eskom Holdings SOC Limited Reg No 2002/015527/30



20 JUN 2015

**COMMENTS FROM THE ENGINEERING SERVICES DEPARTMENT FOR:
APPLICATION FOR REMOVAL OF RESTRICTION AND DEPARTURE:
ERF 1462, SANDBAAI (2872)**

Electricity : In order
Water : In order
Sewer : In order
Stormwater : In order
Roads and traffic : In order

Conditions:

1. that only the existing water and sewerage connections will be available to the development, should larger capacity in any of these services be required, the upgrading will be at the owner's cost;
2. that only the existing electricity connection will be available for the development and that, should additional capacity be required, an investigation be conducted, with regard to the capacity required and that available, at the owner's cost;
3. that stormwater be allowed to discharge through Erf 1462 Sandbaai, unobstructed;
4. that no on-street parking be allowed;
5. that no access will be allowed from Main Road, Sandbaai.



**DENNIS HENDRIKS
SENIOR MANAGER:
ENGINEERING SERVICES**

30/6/2015

DATE