

Supplementary document - 241 Safety Information- Contractors

Please fill in this form and return it to your Electrabel GDF SUEZ person responsible

WORK TO BE CARRIED OUT		
<input type="checkbox"/> Overhaul <input type="checkbox"/> Assembly <input type="checkbox"/> Supplies <input type="checkbox"/>		
Description:	Location:	
Start date:	End date:	
Order N°	PREQ N°:	
CONTRACTOR IDENTIFICATION		
Company name:	Tel.:	
Address:	Mobile:	
E-mail:	Fax:	
Safety certificate	<input type="checkbox"/> VCA <input type="checkbox"/> Safety Passport	Other:
Quality certificate	<input type="checkbox"/> ISO-9001	
Contractor's persons responsible	Surname, First name	Tel. / Mobile
Head of Safety dept.		
External Health & Safety dept.		
Works doctor		
Worksite supervisor		
Person responsible for safety on worksite		
Person responsible for accident investigation		
Dutch-speaking person responsible in each team on worksite? As required by HSE regulations 4.4.3	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Operatives speak <input type="checkbox"/> Dutch <input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> German
Max. N° of operatives <input type="checkbox"/> DAY <input type="checkbox"/> EARLY <input type="checkbox"/> LATE <input type="checkbox"/> NIGHT		
HSE plan present on the site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Persons with safety responsibilities/functions? If YES, attach copy of training and medical certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Certificates E 101/E102(extension) for foreign employees <i>copy attached</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Organisational chart for job described <i>attach copy</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you work with subcontractors? <i>If YES, there must be a Safety Agreement for each. This must be discussed with the subcontractors' persons responsible and a copy attached</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you work with temporary employees? (agency employees – young persons/job students) <i>If YES, attach copy with surname, first name, job title and job</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

QUALITY OF OPERATIVES		
Operatives used for this job have more than 1 year of experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If NO, attach copy with <i>surname, first name, job title and job</i>	
Practical training/test required beforehand?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, attach copy with <i>type of training/test + name of pers. responsible</i>	
Work carried out on basis of Process sheet/Quality plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

1. Risks					
For this job, the contractor works with:					
Chemical reagents: <i>SDS attached</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Own personal/collective protection equipment	Y <input type="checkbox"/>	N <input type="checkbox"/>
Work in enclosed spaces <i>cert. attached</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Compressed air lines	Y <input type="checkbox"/>	N <input type="checkbox"/>
Lifting equipment <i>cert. attached</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Welding, cutting & burning	Y <input type="checkbox"/>	N <input type="checkbox"/>
Scaffolding/suspended scaffolding	Y <input type="checkbox"/>	N <input type="checkbox"/>	Gas bottles	Y <input type="checkbox"/>	N <input type="checkbox"/>
Transport equip.	Y <input type="checkbox"/>	N <input type="checkbox"/>	Use of higher risk work equipment GDF SUEZ? <i>List to be completed and attached</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Electrical panels & installations	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>

LIMOSA-1 declaration for foreign employees *copy attached* Y N

Waste materials produced? If YES, <i>attach copy</i> with list of types and quantities produced	Y <input type="checkbox"/>	N <input type="checkbox"/>
Obligatory mentions? <i>If YES, attach copy</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>

2. Risk analysis <i>to be attached</i>		
Owner	Risk analysis & risk control measures for work and worksite environment!	<input type="checkbox"/> OK
Contractor	Risk analysis & risk control measures for carrying out work!	<input type="checkbox"/> OK

Declaration of intent

The OWNER hereby declares that the contractor has been informed of the risks specific to the work and the worksite environment by means of the attached risk analysis

Read & approved

Surname, First name	Position	Date	Signature

The **CONTRACTOR** hereby declares:

- That he is familiar with the "Health, safety & environment rules for contractors carrying out work for Electrabel GDF SUEZ" (attached to the order, or available for download at <http://www.electrabel.com> .
- That he has informed the Owner of the risks arising from carrying out the work, and has been informed by the Owner of the risks specific to the work and the worksite environment.
- That he will inform all his employees and the managers of his subcontractors about the contents of this document and its attachments before the work commences.

Read & approved

Surname, First name	Position	Date	Signature