

COMPANY INFORMATION FORM

GENERAL INFORMATIONS

COMPLETE DENOMINATION OF THE COMPANY															EVENTUAL ACRONYM														
ADDRESS															NR.														
POST CODE					CITY					COUNTRY																			
PHONE NUMBER										FAX NUMBER																			
HEAD OF SECURITY NAME										PHONE NUMBER					FAX NUMBER														
NR. OF BCE															E-MAIL ADDRESS														
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MEDICAL SUPERVISION - INFORMATIONS

DENOMINATION OR ACRONYM OF THE FIRM'S MEDICAL SERVICE																																		
MEDICAL DIRECTOR OR CHIEF															PHONE NUMBER																			
ADDRESS																														NR				
POST CODE										CITY																								

IMPORTANT!!!

This form has to be completed and sent back to the Tihange nuclear power plant (CARE NS PPAS) before the first intervention or if given information has been modified.

We would also like to inform you that similar information must be sent to the Administration of Hygiene and Company Medical Services before any activity in the controlled areas (article #10 of the R.D. of 25-04-1997).

This deals with the previous declaration of which the modalities are specified in article #11. You may contact this Administration at:

Administration de l'Hygiène et de la Médecine du Travail
rue Belliard, 53 1040 - BRUXELLES
Tél. : +32 (0)2/233.46.03 Fax : +32 (0)2/233.46.39

RESERVED TO ELECTRABEL:	DATE ENCODAGE	----/----/----	TRIG OPERATEUR :	-----
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