

## Supplementary document – 241 Preventiondossier Contractors

Please fill in this form and return it to your ENGIE - EMS 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:	
Ordernumber:		PREQ-Nr.:	
CONTRACTOR IDENTIFICATION			
Company name:		Tel:	
Address:		Mobilel:	
E-mail:		FAX:	
Safety certificate		<input type="checkbox"/> VCA Valid until:	
Quality certificate		<input type="checkbox"/> ISO-9001	
CONTRACTORS PERSONS RESPONSIBLE		SURNAME, FIRST NAME	TEL. / MOB.
Head of Safety department			
External Health & Safety Department			
Works doctor			
Worksite supervisor			
First Aid Provider 1			
First Aid Provider 2			
First Aid Provider 3			
First Aid Provider 4			
Person responsible for safety on worksite			
Person responsible for accident investigation			
Dutch-speaking person responsible in each team on site. See HSE-plan 4.2.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operatives speak		<input type="checkbox"/> English	<input type="checkbox"/> German
<input type="checkbox"/> Dutch <input type="checkbox"/> French			
Max. N° of operatives:		<input type="checkbox"/> DAY	<input type="checkbox"/> EARLY
		<input type="checkbox"/> LATE	<input type="checkbox"/> NIGHT
HSE-plan (contractor) present on site?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persons with safety responsibility/functions? <i>If Yes, attach copy of training and medical certificate</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate, A1 form for foreign employees <i>copy attached</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
LIMOSA-1 declaration for foreign employees (only applicable in Belgium) <i>copy attached</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Organisational chart</b> for job described. <i>If Yes, attach copy</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you work with sub-contractors?</b> <i>If Yes, there must be a safety Agreement for each. This must be discussed with the subcontractor's person responsible and a copy attached.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you work with temporary employees? ( agency employees, young persons/job students)</b> <i>If Yes, attach copy with surname, first name, jobtitle 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"/>
<i>If No, attach copy with surname, first name, jobtitle and job.</i>			
Practical training/test required beforehand?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If No, attach copy with 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"/>

SD – 241 – Preventiondossier Contractors				ZNO.10010061961	
	2023-03-14	Versie:5	Valid	Intern	Blad 1/2

RISKS					
For this job, the Contractor works with:					
Chemical reagents: <i>SDS attached</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Own PPE's – CBM's	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"/>	Gasbottles	Y <input type="checkbox"/>	N <input type="checkbox"/>
Transportequipment/MEWP	Y <input type="checkbox"/>	N <input type="checkbox"/>	Use of higher risk work equipmentEngie ( <i>see annex 1</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"/>

<b>Waste materials produced?</b> 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"/>

RISICOANALYZES IN ATTACHMENT ADDED		
Owner	Risk analysis & risk control measures for work and worksite environmental	<input type="checkbox"/> OK
Contractant	Risk analysis & risk control measures for carrying out work!	<input type="checkbox"/> OK

### DECLARATION OF INTENT

The '**CONTRACTOR**' hereby declares:

- To have taken note of the:
  - For **B**: That he is familiar with the "Health, Safety & Environmental rules for contractors" carrying out of work ENGIE. Attached to the order, or available for download at: [Algemene en specifieke voorwaarden | ENGIE](#)
  - For **NL**: That he is familiar with the "Health, Safety & Environmental rules for contractors" carrying out of work ENGIE Energie Netherlands. Attached to the order, or available for download at: [Vind hier alles over de algemene voorwaarden | ENGIE](#)
- 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 environmental.
- 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	Function	Date	Signature

SD – 241 – Preventiondossier Contractors				ZNO.10010061961	
	2023-03-14	Versie:5	Valid	Intern	Blad 2/2