

PUBLIC COMPANY ORLEN LIETUVA
OCCUPATIONAL HEALTH AND SAFETY VIOLATION REPORT
(form)

_____ No _____
Juodeikiai Vill., Mažeikiai Distr. Municipality

Violation identified on (date and time) _____

Violation identified at (place) _____

Job title, name, surname of Contractor's employee who violated requirements _____

Name of Contractor _____

Description of violation	Violated document and its provision	Corrective actions	Deadline for completion

Violation identified by _____
(signature, name, surname of Occupational Safety and Health Specialist)