Annex 4 to

Occupational Health & Safety Procedure for Contractors BDS-40

Approved with 29 August 2019, Order No. TV1(1.2-1)-403

**Public Company ORLEN Lietuva**

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(contracting organization)

**INFORMATION ON SUBCONTRACTORS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date)

|  |  |
| --- | --- |
| (Form) | |
| **1.** | **Name, address and contact details of Contractor** |
|  | |
| **2.** | **Contract reference number / type of works and period of works** |
|  | |
| **3.** | **Description of works** |
|  | |
| **4.** | **Worksite** |
|  | |
| **5.** | **Names, addresses and contact details of subcontractors** |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| **6.** | **Full names and contact details of work managers of subcontractors** |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |

**Contractor's manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

full name, signature, tel. No

AGREED WITH

**Public Company ORLEN Lietuva**

**Work Coordinator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

full name, signature, tel. No