Annex 1 to

Occupational Health and Safety Procedure for Contractors BDS-40

Approved by 5 January 2021 Order No. TV1(1.2-1)-7

**Public Company ORLEN Lietuva**

 **Occupational Safety and Health Questionnaire for Contractors and Subcontractors Intended to Hire by Them**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date of completion)**

Contractor's company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Questionnaire must be filled in by every Contractor invited to participate in the procurement process for execution of works and/or provision of services. Data from the Questionnaire will be used for assessing the occupational health and safety (OHS) status of contractors and subcontractors intended to hire by them, and will have an impact on the selection of winner. Please give accurate answers to all questions.

|  |  |  |  |
| --- | --- | --- | --- |
| No | Question | Answer | Comments |
| Yes | No |
| 1. | Does your company have an occupational health and safety management system in place?  |  |  | ***(if in place, please present a copy of the certificate together with this Questionnaire)*** |
| 2. | Does your company have all certificates, licenses and other documents required to execute the relevant works? |  |  | ***(if yes, please present copies of such documents together with this Questionnaire)*** |
| 3. | Have you read and know the requirements laid down in OHS Procedures of Public Company ORLEN Lietuva and accept them?***OHS Procedures and other OHS documents applicable to contractors are available at:***https://www.orlenlietuva.lt/EN/ForBusiness/DocumentsForContractors/Pages/Occupational-Safety-and-Health-Documents.aspx  |  |  |  |
| 4.  | Do you intend to hire subcontractors for execution of works and/or provision of services? |  |  | ***(if intended, please Occupational Safety and Health Questionnaires filled in by subcontractors)*** |

**Subcontractors to be hired:**

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(Subcontractor' company)

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(Subcontractor' company)

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(Subcontractor' company)

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(Subcontractor' company)

Provide information on accidents at work within last three years (excluding current year) in your company:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Year \_\_\_\_ | Year \_\_\_\_ | Year \_\_\_\_ | Total\* |
| Man-hours worked  | DV |  |  |  |  |
| Number of accidents at work Number of fatal accidents at work  | $$NA\_{SK}$$ |  |  |  |  |
| $$MNA\_{SK}$$ |  |  |  |  |
| Number of calendar days away from work due to accident at work | $$ND\_{SK}$$ |  |  |  |  |
| Total Recordable Frequency Rate  | $$NADR$$ |  |  |  |  |
| Total Severity Rate  | NASR |  |  |  |  |

Frequency rate formula:

$$NADR = \frac{NA\_{SK} × 1 000 000 }{D\_{V}}$$

Severity rate formula:

$$NASR= \frac{ND\_{SK} }{NA\_{SK}}$$

**\* - Frequency rate (NADR) and severity rate (NASR) cannot be summed up – they must be calculated according to formulas.**

Head of company (authorized person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 full name, signature, tel. No

Person responsible for occupational health and safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ full name, signature, tel. No

|  |
| --- |
| (form) |
| **STATEMENT OF PREPAREDNESS BY CONTRACTOR** **TO START CONTRACTUAL WORKS AT PUBLIC COMPANY ORLEN LIETUVA** |
| **1. Contractor (name of company)** |
| **2. Contract No \_\_\_\_\_\_\_\_\_\_ / Type of works \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3. For work period from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_** **(date) (date)** |
| **4. Planned duration of works in days \_\_\_\_\_\_\_\_\_\_**  |
| **5. Description of works**  |
| **This is to confirm that documents required for works have been submitted and permission to start the works is given:**  |
| **Responsible employee** | Full name or personal stamp | Signature | Date | Notes |
| **Public Company ORLEN Lietuva Control and Prevention** **Group Manager** |   |   |   |   |
| **Public Company ORLEN Lietuva Environmental Control Manager** |   |   |   |   |
| **Public Company ORLEN Lietuva Work Coordinator** |  |  |  |  |
| 1. Items 1 to 5 to be completed by the Contractor. 2. In Item 2 please indicate contract reference number if this Statement is for execution of works under some specific contract, or indicate the type of works (e.g., erection of scaffolding, cleaning of equipment, demolition works, earth works, etc.) if this Statement is being prepared for the period of one year. 3. All required signatures to be collected by the Contractor. 4. If any required signature is absent, Contractor cannot start its work.5. Once completed, original must be registered with and presented for keeping at Occupational and Process Safety Control Department.6. For execution of specific daily works (hot works, maintenance, depressurization works, etc.), Contractor shall obtain separate permits/instructions for works as prescribed by the Company. |

**Public Company ORLEN Lietuva**

**DECLARATION OF CONFORMITY**

**WITH OHS REGULATIONS**

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

(date)

|  |
| --- |
| (form) |
| **1.** | **Name, address and contact details of Contractor** |
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|  |
|  |
| **2.** | **Contract reference number / type of works and period of works** |
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|  |
|  |
| **3.** | **Site and description of works** |
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|  |
| **4.** | **Full names and contact details of OHS specialists/coordinators**  |
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|  |
|  |
| **5.** | **Full names and contact details of work managers** |
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|  |
| **6.** | **Full name and contact details of person responsible for the connection of Contractor's power equipment, electrified mechanisms and tools to the Company’s power network***(please indicate if you plan to use electrified mechanisms or tools)* |
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|  |

| **OHS ASSESMENT** | **Yes**  | **Not applicable** |
| --- | --- | --- |
| **7. General requirements** |  |  |
| 7.1. Does your company have all certificates, licenses and other documents required to execute respective works? |  |  |
| 7.2. Do your employees have sufficient competence and have been trained to perform these works? |  |  |
| 7.3. Do your employees have all certificates required for the work? |  |  |
| 7.4. Was OHS indoctrination conducted to your employees according to existing occupational hazards and occupational risk assessment results? |  |  |
| 7.5. Was OHS indoctrination conducted to your employees according to OHS procedures applied in the Company and are they ready to follow requirements established in these procedures? |  |  |
| 7.6. Was health examination conducted for your employees according to hazardous and/or harmful occupational factors which they can be exposed to while doing the assigned work? |  |  |
| 7.7. Are your employees provided with work clothing which complies with requirements established in the general standard EN ISO 13688 (EN 340) as well as standards EN ISO 11612 (EN 531) (flame-resisting), EN 1149-5 (antistatic and suitable for use in potentially explosive atmospheres) and bears CE marking if you are going to perform works in the territories of process units where potentially explosive atmospheres exist? |  |  |
| 7.8. Are your employees provided with work clothing which complies with requirements established in the general standard EN ISO 13688 (EN 340) and bears CE marking if you are going to perform works in locations where potentially explosive atmospheres do not exist?  |  |  |
| 7.9. Are your employees provided with personal protection equipment (safety helmets, eye/face, ear protection equipment, safety footwear) and does it comply with EN standard requirements and bears CE marking? |  |  |
| 7.10. Are your employees provided with escape gas masks with ABEK filters for emergency evacuation from the area of chemical contamination that comply with EN standard requirements and bear CE marking? |  |  |
| 7.11. Are your vehicles, equipment, devices and tools used for works in proper condition, inspected and/or tested under the effective OHS regulations of the Republic of Lithuania and bear all documents required for operation? |  |  |
| 7.12. Have you familiarized yourself with the Company's OHS Procedure BDS-4 (Maintenance of Working Equipment) and does your equipment and machinery which would be used for works at the Company have conformity declarations, CE marking and supporting documents, operation and maintenance manuals and comply with other requirements prescribed by OHS Procedure BDS-4, including accounting, inspection, testing and tagging?  |  |  |
| 7.13. If you are going to perform works which do not involve unsealing operations, have you familiarized yourself with the Company's OHS Procedure BDS-5 (Works without Unsealing) and can ensure compliance with its requirements? |  |  |
| 7.14. If you are going to use barriers and/or warning barrier tapes, have you familiarized yourself with the Company's OHS Procedure BDS-20 (Barriers) and can ensure compliance with its requirements?  |  |  |
| 7.15. If you are going to use electrified mechanisms or tools, have you familiarized yourself with Procedure for Temporary Powering of Electrical Equipment BE-16 and Operating Procedure for Electrical Mechanisms, Manually Operated Electrical Equipment and Tools, Domestic Electric Appliances and Portable Lights BE-2 of the Company and can ensure compliance with its requirements? |  |  |
| **8. If you are going to perform equipment depressurization and/or maintenance works:** |  |  |
| 8.1. Have you familiarized yourself with the Company's OHS Procedure BDS-6/1 (Equipment Depressurization and Maintenance Works) and can ensure compliance with its requirements? |  |  |
| 8.2. Are your tools non-sparking? |  |  |
| 8.3. Are your work means (equipment and tools) suitable for use in potentially explosive atmosphere? |  |  |
| 8.4. Do you have respiratory protection equipment (masks, half masks) that complies with EN standards and bears CE marking? |  |  |
| 8.5. If you are going to perform unsealing works where there is a high risk of release of acute hazardous substances (hydrogen sulphide, sulphur dioxide, sodium hydroxide or nitrogen dioxide), are your employees provided with self-contained air breathing apparatuses with air supply (compressed air breathing apparatuses) that comply with standard EN 145 and have they been trained how to use them?  |  |  |
| **9. If you are going to perform works in confined spaces:** |  |  |
| 9.1. Have you familiarized yourself with the Company's OHS Procedure BDS-6/2 (Works in Confined Spaces) and can ensure compliance with its requirements? |  |  |
| 9.2. Are your entry attendants provided with signal wests and sound devices (e.g., whistles) to draw the attention of workers? |  |  |
| 9.3. If you are going to perform hot works in confined space, do you have at least 4 kg CO2 fire extinguisher per each place of hot works?  |  |  |
| 9.4. If you are going to perform vessel (tank) cleaning works or works in sewage systems, do you have gas analyzers to monitor airborne concentrations of hazardous substances in working environment?  |  |  |
| 9.5. If you are going to perform vessel (tank) cleaning works or works in sewage systems, are your employees provided with self-contained air breathing apparatuses with air supply (compressed air breathing apparatuses) that comply with standard EN 145 and have been trained how to use them? |  |  |
| **10. If you are going to perform hot works:** |  |  |
| 10.1. Have you familiarized yourself with the Company's OHS Procedure BDS-7 (Hot Works) and can ensure compliance with its requirements? |  |  |
| 10.2. Do you have 4 kg (at least) powder or CO2 fire extinguisher per each place of hot works? |  |  |
| 10.3. Have your fire extinguishers been inspected, tested and are not expired? |  |  |
| 10.4. If you are going to perform works in process units where liquefied petroleum gas and hydrogen is generated and/or kept, also in pump stations and compressor stations where potentially explosive atmosphere exists, do you have gas analyzers to monitor airborne concentrations of flammable substances in working environment? |  |  |
| 10.5. Do you have sufficient amount of flame-proof blankets (minimum dimensions 3mx3m with fastening strips at edges to ensure easy fastening to the structure) to prevent the fall of sparks down onto below levels?  |  |  |
| 10.6. Are the hoses used for gas welding/cutting inspected every 6 months and do you have a valid inspection report?  |  |  |
| 10.7. Are your fire watchers provided with signal wests and sound devices (e.g., whistles) to draw the attention of workers? |  |  |
| **11. If you are going to use non-explosion-proof work means in potentially explosive atmospheres:** |  |  |
| 11.1. Have you familiarized yourself with the Company's OHS Procedure BDS-10 (Use of Work Equipment in Potentially Explosive Atmospheres) and can ensure compliance with its requirements? |  |  |
| 11.2. If you are going to use self-powered electronic equipment (diagnostic devices, computers, cellular phones, etc.) the design of which is non-explosion-proof, do you have gas detectors or analyzers to monitor airborne concentrations of flammable and/or explosive substances in working environment? |  |  |
| 11.3. If you are going to enter territories where potentially hazardous atmospheres exist with motor vehicles, do you have gas detectors or analyzers to monitor airborne concentrations of flammable and/or explosive substances in working environment? |  |  |
| **12. If you are going to perform works at height:**  |  |  |
| 12.1. Have you familiarized yourself with the Company's OHS Procedure BDS-11 (Work at Height) and can ensure compliance with its requirements? |  |  |
| 12.2. Is the scaffolding erected by your company certified, complies with applicable EN standards, bears manufacturer's certificate, user manual and typical designs of erection? |  |  |
| 12.3. Have your employees who erect, change and/or take down scaffolds been trained for such work and hold documents proving this (certificates, etc.)? |  |  |
| 12.4. If you are going to perform works at height, do you have equipment for protection against fall (harnesses and other) which complies with EN standards, bears CE marking and is inspected? |  |  |
| 12.5. If you are going to use ladders for the execution of works, do your portable ladders comply with EN 131-1 and EN 131-2 standards, bear CE marking and have manufafcturer's user manual? |  |  |
| **13. If you are going to use hazardous substances and/or mixtures:** |  |  |
| 13.1. Have you familiarized yourself with the Company's Procedure for Storage and Handling of Hazardous Chemical Substances and Mixtures BDS-17 and can ensure compliance with its requirements? |  |  |
| 13.2. Do you have valid safety data sheets for all substances and/or mixtures that are going to be used? |  |  |
| 13.3. Are your employees who are going to use/handle substances and/or mixtures familiarized with respective safety data sheets? |  |  |
| 13.4. Do your employees have personal protection equipment specified in the safety data sheets of hazardous substances and/or mixtures? |  |  |
| **14. If you are going to perform works with asbestos:** |  |  |
| 14.1. Have you familiarized yourself with the Company's OHS Procedure BDS-26 (Work with Asbestos) and can ensure compliance with its requirements? |  |  |
| 14.2. If you are going to perform the disposal of asbestos or materials containing asbestos, do your employees have dust resistant disposable coveralls, respiratory protective equipment with P3 particulate filters and panoramic safety goggles for eye protection against asbestos dust? |  |  |
| **15. If you are going to perform earth works:**  |  |  |
| 15.1. Have you familiarized yourself with the Company's OHS Procedure BDS-31 (Earthworks) and can ensure compliance with its requirements? |  |  |
| 15.2. Do you have appropriate road signs stipulated in the road traffic regulations of the Republic of Lithuania, which must be placed in vehicle traffic areas subject to earth works? |  |  |
| 15.3. Do you have resources/means suitable to fence off excavation pits (trenches)? |  |  |
| 15.4. Do you have resources/means to reinforce banks of excavation pits (trenches)? |  |  |
| **16. If you are going to operate lifting cranes:** |  |  |
| 16.1. Have you familiarized yourself with the Company's OHS Procedure BDS-33 (Operation of Lifting Cranes) and can ensure compliance with its requirements? |  |  |
| 16.2. If you are going to use your own crane, is it clearly marked with its type (make), registration number, lifting capacity and last/next inspection dates? |  |  |
| 16.3. If you are going to use your own crane, was it technically inspected and do you have an authorized expert's statement (inspection report) on its suitability for use? |  |  |
| 16.4. If you are going to use your own crane, does your crane operator hold a valid crane operator certificate with the indicated type of crane s/he is allowed to operate? |  |  |
| 16.5. If you are going to perform any lifting works, have your crane supervisors and riggers been appropriately trained and hold valid certificates? |  |  |

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| --- | --- |
| **Contractor's manager****Contractor's OHS** **specialist** |  |
| full name, signature, telephone number  |
| full name, signature, telephone number  |

**Public Company ORLEN Lietuva**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(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** |
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| **6.** | **Full names and contact details of work managers of subcontractors** |
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**Contractor's manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

full name, signature, telephone number

AGREED WITH

**Public Company ORLEN Lietuva**

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

full name, signature, telephone number

(specimen form)

**Information to be presented by Contractor to Occupational and Process Safety Control Department within 4 hours after the incident (fire, explosion, release of hazardous substances, occupational accident)**

**INCIDENT REPORT**

**\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ \_\_\_\_ o'clock**

1. Date and time of the incident: \_\_\_\_\_\_\_\_\_\_\_ 20\_ around \_\_\_\_\_\_ o'clock

2. Full name, date of birth and job position of the injured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Exact place of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Type of injuries and first aid provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

6. Circumstances and preliminary causes of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Preliminary consequences of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Rescue services notified and directly involved in rescue operations and provision of first aid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. External institutions that have been reported about the incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

10. Other additional information (e.g. actions performed for the protection of the place of incident) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Reported by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (position, name, surname, signature)