**Public Company ORLEN Lietuva**

**Occupational Safety and Health Questionnaire on Contractor**

**and its Subcontractors**

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

**(date of completion)**

Contractor (name of company) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 the Contractor and subcontractors it plans to outsource and will have an impact on the selection of winner. Please give accurate answers to all questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item No | Question | Answer | | Comments |
| Yes | No |
| 1. | Does your company have an occupational health and safety management system in place? |  |  | ***(if yes, please attach a copy of the certificate to this Questionnaire)*** |
| 2. | 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:***  <http://www.orlenlietuva.lt/EN/ForBusiness/DocumentsForContractors/Pages/Occupational-Safety-and-Health-Documents.aspx> |  |  |  |
| 3. | Do you plan to outsource subcontractors for execution of works and/or provision of services? |  |  | ***(if yes, please attach Occupational Safety and Health Questionnaires filled in by your subcontractors)*** |

**Planned subcontractors:**

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

(Subcontractor' company)

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

(Subcontractor' company)

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

(Subcontractor' company)

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

(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 |  |  |  |  |  |
|  |  |  |  |  |
| Number of calendar days lost due to accident at work |  |  |  |  |  |
| Total Recordable Frequency Rate |  |  |  |  |  |
| Total Severity Rate | NASR |  |  |  |  |

Frequency rate formula:

Severity rate formula:

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

Head of Contractor’s company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

name surname, signature, tel.

Contractor’s OHS Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name surname, signature, tel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (form)  **STATEMENT OF PREPAREDNESS BY CONTRACTOR TO START CONTRACTUAL WORKS**  **AT PUBLIC COMPANY ORLEN LIETUVA**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ No \_\_\_\_\_\_\_\_\_\_\_  Juodeikiai Vil., Mažeikiai Distr. Municipality | | | | |
| **Contractor** (name of company and contact details) | | | | |
| **Subcontractors** (indicate names of subcontractors and their contact details or ‘None’, as the case may be) | | | | |
| **Work Description** | | | | |
| **Contract No \_\_\_\_\_\_\_\_\_\_**  **For execution of works from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (date) (date) | | | | |
| **ORLEN Lietuva responsible employee** | Name Surname or personal stamp | Signature | Date | Comments |
| **Occupational Safety and Health Manager** |  |  |  |  |
| **Environmental Manager** |  |  |  |  |
| **Work Coordinator** |  |  |  |  |
| **EXPLANATIONS:**  In the section ‘Work Description’ enter all works to be executed at ORLEN Lietuva (e.g. heater / tower /heat exchanger / pipework demounting / installation / insulation / flushing / cleaning / demolition works, asbestos disposal works, scaffolding works, earthworks, etc.).  All required signatures must be collected by the Contractor.  If any required signature is absent, Contractor is not allowed starting its work.  Once completed, original must be registered with and presented for keeping at Occupational and Process Safety Control Department.  For execution of specific daily works (hot works, maintenance, depressurization works, etc.), Contractor shall obtain separate permits/instructions to work as prescribed by the Company. | | | | |

(form)

**Public Company ORLEN Lietuva**

**DECLARATION OF CONFORMITY WITH OHS REGULATIONS**

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

(date)

|  |  |
| --- | --- |
|  | |
| **1.** | **Contractor** (name of company and contact details) |
|  | |
|  | |
|  | |
|  | |
| **2.** | **Work Description** |
|  | |
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|  | |
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|  | |
|  | |
| **3.** | **OHS specialists/coordinators** (name surname, contact details) |
|  | |
|  | |
|  | |
|  | |
| **4.** | **Work Managers** (name surname, contact details) |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| **5.** | **Person responsible for the connection of Contractor's power equipment, electrified mechanisms and tools to the Company’s power network** (indicate name surname and contact details if you plan to use electrified mechanisms or tools) |
|  | |
|  | |
|  | |
|  | |
|  | |

6. In OHS assessment, put **X** in respective column: **YES** – when respective requirement applies, **Not applicable** – when respective requirement does not apply.

**Abbreviations used:**

**Company** – Public Company ORLEN Lietuva;

**Refinery** – crude oil refinery.

| **OHS ASSESMENT** | **Yes** | **Not applicable** |
| --- | --- | --- |
| **7. General requirements** |  |  |
| 7.1. Do you 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 all requirements prescribed 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 with chin straps, eye/face, hearing protection, 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. Do you have sufficient number of portable gas analyzers to cover all places of work in the territories of the Company's Operations Subdivisions No 1, 2, 3, Power House, Waste Water Treatment Shop, Petroleum Products Loading Shop and Pipelines and Terminal Operations Subdivision? |  |  |
| 7.12. Are your vehicles, equipment, work devices and tools in proper condition, inspected and/or tested under the effective OHS regulations of the Republic of Lithuania and bear all documents required for operation? |  |  |
| 7.13. 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? |  |  |
| 7.14. 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 hazardous works (equipment unsealing (depressurization), cold repair, hot works, earthworks, works in confined spaces) at the Refinery and/or Pipelines and Terminal Operations Subdivision that are subject to the system of written permits:** |  |  |
| 8.1. Have you familiarized yourself with the Company's OHS Procedure BDS-6E ‘Issuing Hazardous Work E-Permits’ and can ensure compliance with its requirements? |  |  |
| 8.2. Do you have portable gas analyzers for continuous monitoring of the concentration of explosive gases in the ambient air if so prescribed in the work permit? |  |  |
| **9. If you are going to perform hazardous works (equipment unsealing (depressurization), cold repair, hot works, earthworks, works in confined spaces) at Power House that are subject to the system of written permits:** |  |  |
| 9.1. Have you familiarized yourself with the Company's OHS Procedure BDS-14E ‘Issuing Hazardous Work E-Instructions’ and can ensure compliance with its requirements? |  |  |
| 9.2. Do you have portable gas analyzers for continuous monitoring of the concentration of explosive gases in the ambient air if so prescribed by the instruction? |  |  |
| **10.** Have you familiarized yourself with OHS Procedure BDS-5 (Cold Repair Works) of the Company and can ensure compliance with its requirements if you are going to perform cold repair works? |  |  |
| **11. If you are going to perform equipment unsealing (depressurization) works:** |  |  |
| 11.1. Have you familiarized yourself with the Company's OHS Procedure BDS-6/1 (Equipment Depressurization Works) and can ensure compliance with its requirements? |  |  |
| 11.2. Are your tools non-sparking? |  |  |
| 11.3. Are your work means (equipment and tools) designed for potentially explosive atmospheres? |  |  |
| 11.4. Do you have respiratory protection equipment that complies with EN standards and bears CE marking? |  |  |
| 11.5. If you are going to perform unsealing (depressurization) 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? |  |  |
| **12. If you are going to perform works in confined spaces:** |  |  |
| 12.1. Have you familiarized yourself with the Company's OHS Procedure BDS-6/2 (Work in Confined Spaces) and can ensure compliance with its requirements? |  |  |
| 12.2. If you are going to perform hot works in confined space, do you have at least 5 kg CO2 fire extinguisher per each place of hot works? |  |  |
| 12.3. 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? |  |  |
| **13. If you are going to perform hot works:** |  |  |
| 13.1. Have you familiarized yourself with the Company's OHS Procedure BDS-7 (Hot Works) and can ensure compliance with its requirements? |  |  |
| 13.2. Do you have a powder or carbon dioxide extinguisher (minimum quantity of extinguishing agent for powder extinguisher – 6 kg, for carbon dioxide extinguisher – 5 kg) for each place of hot works? |  |  |
| 13.3. Have your fire extinguishers been inspected, tested and are not expired? |  |  |
| 13.4. 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? |  |  |
| 13.5. Are the hoses used for gas welding/cutting inspected every 6 months and do you have a valid inspection report? |  |  |
| **14. If your vehicles are going to enter hazardous areas of the Company and will be used there**, have you familiarized yourself with the Company’s OHS Procedure BDS-10 (Use of Vehicles) and can ensure compliance with its requirements? |  |  |
| **15. If you are going to perform works at height:** |  |  |
| 15.1. Have you familiarized yourself with the Company's OHS Procedure BDS-11 (Work at Height) and can ensure compliance with its requirements? |  |  |
| 15.2. Is the scaffolding erected by your company certified, complies with applicable EN standards, bears manufacturer's certificate, user manual and typical designs of erection? |  |  |
| 15.3. Have your employees who erect, change and/or take down scaffolds been trained for such work and hold documents (certificates, etc.) proving this? |  |  |
| 15.4. Do you have fall protection equipment (harnesses and other) which complies with EN standards, bears CE marking and has been inspected? |  |  |
| 15.5. 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 manufacturer's user manual? |  |  |
| **16. If you are going to use forklifts, lift trucks for the movement, loading and/or unloading of goods,** have you familiarized yourself with the Company's OHS Procedure BDS-16 (Operation and Maintenance of Lift Trucks) and can ensure compliance with its requirements? |  |  |
| **17. If you are going to use hazardous substances and/or mixtures:** |  |  |
| 17.1. Have you familiarized yourself with the Company's Procedure BDS-17 (Warehousing and Use of Hazardous Substances and Mixtures) and can ensure compliance with its requirements? |  |  |
| 17.2. Do you have valid safety data sheets for all substances and/or mixtures that are going to be used? |  |  |
| 17.3. Are your employees who are going to use/handle substances and/or mixtures familiarized with respective safety data sheets? |  |  |
| 17.4. Do your employees have personal protection equipment specified in the safety data sheets of hazardous substances and/or mixtures? |  |  |
| **18. If you are going to use rubber hoses intended to convey oil products, steam, water, air and other media,** have you familiarized yourself with the Company's OHS Procedure BDS-19 (Use of Rubber Hoses) and can ensure compliance with its requirements? |  |  |
| **19. If you are going to perform works with asbestos:** |  |  |
| 19.1. Have you familiarized yourself with the Company's OHS Procedure BDS-26 (Work with Asbestos) and can ensure compliance with its requirements? |  |  |
| 19.2. 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? |  |  |
| **20. If you are going to perform earth works:** |  |  |
| 20.1. Have you familiarized yourself with the Company's OHS Procedure BDS-31 (Earthworks) and can ensure compliance with its requirements? |  |  |
| 20.2. Do you have appropriate road signs stipulated in Traffic Regulations of the Republic of Lithuania, which must be placed in vehicle traffic areas subject to earth works? |  |  |
| 20.3. Do you have means to fence off excavation pits (trenches)? |  |  |
| 20.4. Do you have means to reinforce banks of excavation pits (trenches)? |  |  |
| **21. If you are going to operate lifting cranes:** |  |  |
| 21.1. Have you familiarized yourself with the Company's OHS Procedure BDS-33 (Operation of Lifting Cranes) and can ensure compliance with its requirements? |  |  |
| 21.2. 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? |  |  |
| 21.3. 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? |  |  |
| 21.4. 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? |  |  |
| 21.5. If you are going to perform lifting works, have your crane supervisors and riggers been appropriately trained and hold valid certificates? |  |  |

|  |  |
| --- | --- |
| **Contractor's manager**  **Contractor's OHS**  **Specialist** |  |
| name surname, signature, tel. |
| name surname, signature, tel. |

(form)

**STATEMENT-PERMIT FOR CIVIL CONSTRUCTION/INSTALLATION WORKS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_

**Name of facility** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contractor**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and address of Contractor)

**is assigned with the following site/territory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(site/territory limits by coordinates or other reference)

**for the execution of the following works:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(description of works)

**Start of preparations** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_, **end** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

**LIST OF SAFETY MEASURES TO BE APPLIED DURING PREPARATIONS FOR WORKS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No.** | **Description** | **Deadline** | **Responsible (specify either 'Owner' or 'Contractor')** |

**Start of works** \_\_\_\_\_\_\_\_\_\_\_\_20\_\_, **end** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

**LIST OF SAFETY MEASURES REQUIRED FOR THE PERIOD OF WORKS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No.** | **Description** | **Deadline** | **Responsible (specify either 'Owner' or 'Contractor')** |

***Signed by:***

**General contractor's manager**

**Public Company ORLEN Lietuva representatives**

Deputy Director of Maintenance

Occupational and Process Safety Control Manager

Head of Operations Subdivision/Shop

Head of Unit/Section

(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**

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

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

2. Name Surname, date of birth and job position of the injured person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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)

|  |  |  |  |
| --- | --- | --- | --- |
| (form) | | | |
| **NOTIFICATION ON NEW CONRACT WITH ORLEN LIETUVA**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ No \_\_\_\_\_\_\_\_\_\_\_  Juodeikiai Vil., Mažeikiai Distr. Municipality | | | |
| **Contractor** (name of company and contact details) | | | |
| **Statement on Preparedness by Contractor to Start Works at Public Company ORLEN Lietuva - Registration No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **New Contract No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for works in the period:**  **from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (date) (date) | | | |
| **Subcontractors** (indicate names of subcontractors and their contact details or ‘None’, as the case may be) | | | | |
| **Brief description of works under the new contract** (e.g. heater/tower/heat exchanger/pipework demounting/installation/insulation/flushing/cleaning/demolition works, asbestos removal works, scaffolding works, earthworks, etc.). | | | |
| **ORLEN Lietuva responsible employee** | Name Surname or personal stamp | Signature | Date |
| **Occupational Safety and Health Manager** |  |  |  |
| **Environmental Manager** |  |  |  |
| **Work Coordinator** |  |  |  |

**Public Company ORLEN Lietuva**

**INFORMATION ON SUBCONTRACTORS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ No \_\_\_\_\_\_\_\_\_\_\_

Juodeikiai Vil., Mažeikiai Distr. Municipality

|  |
| --- |
| (Form) |
| **Contractor** (name of company and contact details) |
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|  |
| **Work Description** |
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| **Subcontractor(s)** (name of company and contact details) |
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| **Full names and contact details of Work Managers of subcontractors** |
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**Contractor's manager**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

name surname, signature, tel.

AGREED:

**Public Company ORLEN Lietuva**

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

name surname, signature, tel.