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| --- |
| GENERAL DATA |
| Name or business name | Registered Office Address |
|  |  |
| Health and Safety contact | Phone | Email |
|  |  |  |
| HEALTH AND SAFETY MANAGEMENT SYSTEM |
| Does the company have a risk assessment for all contracted activities? | [ ]  | YES | [ ]  | NO |
| Has the company carried out preventive planning based on the risk assessment? | [ ]  | YES | [ ]  | NO |
| Have any special risks been identified, such as work at heights, electrical hazards, confined spaces, etc.? | [ ]  | YES | [ ]  | NO |
| Does the company have a managing system for coordination with its contractors?  | [ ]  | YES | [ ]  | NO |
| CONTRACTED EMPLOYEES ARE GUARANTEED: |
| The provision and use of work equipment with CE marking | [ ]  | YES | [ ]  | NO |
| Health surveillance according to occupational hazards | [ ]  | YES | [ ]  | NO |
| Specific training on occupational hazards | [ ]  | YES | [ ]  | NO |
| Health and safety information on the risks, as well as prevention and protection measures regarding | [ ]  | YES | [ ]  | NO |
| Collective and individual (PPEs) protection measures | [ ]  | YES | [ ]  | NO |
| Emergency procedures in the workplace  | [ ]  | YES | [ ]  | NO |
| Measures to be taken to avoid serious and imminent risks in the workplace  | [ ]  | YES | [ ]  | NO |
| The company undertakes to notify Ineco's Health and Safety Department and will investigate accidents occuring during the performance of work in the workplace on the same day they occur. | [ ]  | YES | [ ]  | NO |
| RISKS TO THIRD PARTIES  |
| Does the company generate risks to third parties during the development of its activity? | [ ]  | YES | [ ]  | NO |
| If so, briefly describe the risks that could be involved, as well as the preventive measures to be implemented. |
|  |
| ACKNOWLEDGMENT OF RECEIPT OF DELIVERY INFORMATIONThe company receives from Ineco the following information to be provided to its employees: |
|  | [ ]  |
|  | [ ]  |
|  | [ ]  |
|  | [ ]  |

By signing this document I declare the accuracy of the data provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Completed by | Responsible for | Company | Date |
|  |  |  |  |

\*Note: It is not necessary to provide any documentation regarding the information filled in this form. However, INECO reserves the right to carry out periodic audits to verify the accuracy of the information.