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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 INFORMATION  The company receives from Ineco the following information to be provided to its employees: | | | | | | | |
|  | | | | | |  | |
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By signing this document I declare the accuracy of the data provided.

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| --- | --- | --- | --- |
| 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.