Annex 2

					WORK PE	RMIT no.	/.						
Where will th	e work be								The permit				
				1	ervice station – name)			date o'clock to o'clock					
Permit issued on: Exact of					Exact descri	t description of the activity: <u>1. exten</u> date			1. extension:				
Contractor (company name):									date 2. extension:	in the time from o'clock to o'clock			
									date	in the ti	ne from	o'clock to	o'clock
	Wha	t activity are vo	u going to perfo	arm?		Wh	at hazarde result	t from this activit	-w2	<u> </u>	Vhat measures n	and to be taker	2
Critical activities			to perio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ng from a height		.y:	□ securing the		leeu to be takel	1:
work with the work with the		1 (Zone 0. 1. 2)				□ fall of tools, □ cut	stored raw mat	erials, materials			ng the equipmen ergy - empty, cle		er supply
□ work/entry in	to closed/confin		cleaning tanks)			electric shoot	:k			release of e	nergy - neutralis	e, support, shor	t-circuit
 excavation wo work at height 		e depth				 burns skin corrosid 	on				nnical ventilatior nsulating tools, i		
 critical lifting, ensuring energies 						□ slipping □ tripping, fall	ling				of electric power plating transform		a – tools
□ drilling works		interiorial, etc.,	,			□ hitting				□ degreasing	environment, eo		
other activitie	s - describe:					 limb injury entangleme 	nt into machine	s – converging p	oint, rotating	□ shoring/slop □ fencing, ligh	-		
						parts		ccumulated ener	. –		space against th	he spread of due	st,
						hearing dam			57	□ attachment	of warning signs		
						eye injury				□ safety cable □ supervision	s on pressure ho	se connections	
						□ heat stroke □ frostbite				□ breaks	the atmosphere	with a gas deter	ctor
						□ backfilling				work proce	lure of the execu	utor (contractor)
						□ intoxication □ burning	, poisoning			☐ electrical – legislation	professional qua	lification accord	ling to valid
						□ nausea □ dehydration					e operator, worl ainsaws, workir	-	
						□ suffocation				□ other:	·	•	
						□ drowning □ danger from	n pressure hoses	;					
				HSE card nu	umber or HSE	other:				HSE card number or HSE			
Persons		lame and surna	me	traini	training date		Signature		Name and surname		training date		nature
performing work activities													
Work	group leader:												
	• •					Critical a	activities						
Issued in ac	cordance with th	e decree of the	Ministry of Inter	rior of the Slovak		th the risk of f 1/2002 Coll. on f			Regulation of th	ne Government o	f the Slovak Rep	ublic No. 393/20	006 Coll. on
			mini		Republic No. 12	1/2002 Coll. on f	fire prevention, a	plosion * as amended, and rotection in an ex			f the Slovak Rep	ublic No. 393/20	006 Coll. on
Persons performi	ing work with a ri	isk of fire and/o	mini r explosion		Republic No. 12 nts for ensuring Registration	1/2002 Coll. on f occupational safe	fire prevention, a ety and health p	as amended, and	<pre>kplosive atmospl</pre>	here	f the Slovak Rep ature	Registration	number of the
Persons performi		isk of fire and/o	mini r explosion	imum requireme	Republic No. 12 nts for ensuring Registration	1/2002 Coll. on f occupational safe	fire prevention, a ety and health p	as amended, and rotection in an ex	<pre>kplosive atmospl</pre>	here		Registration	number of the
Persons performi	ing work with a ri	isk of fire and/o	mini r explosion	imum requireme	Republic No. 12 nts for ensuring Registration welder's lice	1/2002 Coll. on f occupational safe	fire prevention, a ety and health p	as amended, and rotection in an ex	<pre>kplosive atmospl</pre>	here		Registration welder's lice	number of the
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Will you be working at heights	? - reauirements:			Work on the roof				
Yes				Yes No				
□ Will you work from a means	of collective security (e.g.: from scaffolding/plat		□ Will a fixed barrier be used for fall protection?					
□ Is safe access at height ensur	ed?	□ Will the access to the roof of the workplace be fenced off with warning tape or						
Personal security		chain link? (It must be at least 1.5 m from the edge of the roof/fall or openings)						
	ted and satisfactory (no visible damage)? Is the	□ Will personal fall protection be used? (if Yes, fill in the point						
supervision of the worker worki				"Personal security" under General requirements)				
	available for the harness (e.g. ropes, double lan group determined the place of safety means at			□ Will the roof be loaded with more than 150 kg/m2 du	-	ructural		
the place of work)	group determined the place of safety means at	tacimenti (e.g. and	nor point at	(if so, an individual assessment of the load-bearing capacity by a structural engineer must be prepared)				
Ladder								
□ Is the ladder undamaged?				Mobile lifting platform				
□ Is the ladder secured against	t slipping (e.g. by a person, technical stopper, an	nti-slip mat)?		The inspection of the Contractor's mobile lifting platform	n is valid until			
Enclosed spaces (UP)								
Workplace security		Yes	No	Security	Yes	No		
Energies secured				Is a worker entering the UP equipped with:				
Diana and diana and a start (blind a d			_	full body safety harness?	_			
Pipes are disconnected/blinded The UP is emptied and cleaned			Personal detector with at least two sensors –					
	l tomporaturo			oxygen, explosiveness?				
The UP is cooled to the required	temperature	L		oxygen, explosiveness:				
Forced ventilation in the UP				Suitable PPE – to be specified in the PPE section,				
Natural ventilation of the UP				Is the supervision of the worker in the UP ensured?				
				Is appropriate communication ensured between the				
Safe zone defined (railing, tape, Constant presence of rescue un				supervisor and the worker in the UP?				
constant presence of rescue un		_		Is it percention to use a self-contained breathing		_		
Provision of evacuation – tripod	l, other:			Is it necessary to use a self-contained breathing apparatus?				
Continuous measurement of the	e atmosphere is ensured:			if not, how is a breathable atmosphere in the UP				
Continuous measurement or the	e atmosphere is ensured.		-	provided, specify	-	-		
				Does the worker have non-sparking tools?				
Excavations and openings				Lifting loads				
		Yes	No	Load weightkg	Yes	No		
				Will the load-carrying capacity of the slings be				
Are the lines identified?	(from an evenuation donth of 1.2 m)?			sufficient to lift the transported load?				
Will there be a safe entrance to	(from an excavation depth of 1.2 m)?			Are the slings intact and undamaged? Are all hooks equipped with safety flaps?				
Will the danger zone of the con				Will the load impact zone be reevaluated?				
				Will the zone be secured? (surveillance, barrier)				
Will excavation fencing and fen	ce lighting be provided? (reduced visibility)			Will the load be routed?	_	_		
				- by a guide rope - by a guide rod				
Personal protective equipment	: (PPE)							
work clothes 🗆	safety shoes with steel toe \Box	protective helmet		hearing protection gloves gloves				
goggles 🗆			rness 🗆	respirator 🗖				
mask/half mask with filter	self-contained breathing apparatus	antistatic work clothes \Box		reflective vest 🗆				
gas detector 🗆	other:							
		ut and I have personall	y checked – tog	gether with the representative of the Contractor – that the equipm	nent and the wo	orkplace are		
ready for safe entry subject to comp	liance with the prescribed conditions.							
Name, surname, signature of the he	ad of the workplace (permit issuer)	r	mobile phone: .					
Name, surname, signature of the ne	w head of the workplace (permit issuer)	mol	bile phone:					
Authorisation of works and cor	npletion of works							
The completion of work shall be not	ified to the person:							
	(name, surname, contact)							
Permission to start/hand over work a	ctivity/workplace			Completion/takeover of work activity/workplace				
Date: From	to			Date:o'clock				
On behalf of the SS, the permit was is	ssued/banded over by							
				On behalf of the SS, the permit was issued/taken over by name/signature:				
				On behalf of the Contractor, the permit was issued/handed over b	у			
On behalf of the Contractor, the perr	nit was issued/taken over by							
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