A description of the procedure for the execution of works in natural gas transmission systems (devices) and/or their safety area

Annex 1

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

# (company name, address, contact phone)

# 

**REQUEST**

**CONCERNING THE PERFORMANCE OF WORK IN NATURAL GAS TRANSMISSION SYSTEMS (DEVICES) AND / OR THEIR SAFETY AREA**

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

                                          (date)

Please give your written consent to the following:

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

Works will be performed according to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

              (title of contract, No / technical / work project coordinated with AB Amber Grid / drawings or other documents)

Place of performance                             *\_\_\_\_*

(name (s) and / or coordinates (LKS) or address of the pipeline (s) or object (s))

Start of works 20\_\_ m.                                           d.

End of work 20\_\_m.                                           d.

Responsible for performance                                                                       *\_\_\_\_*

(position, name, surname, contact phone and email)

Responsible for the safety and health of workers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(position, name, surname, contact phone and email)

Responsible for Fire Safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(position, name, surname, contact phone and email)

Responsible for Environmental Protection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(position, name, surname, contact phone and email)

Stages of completion:

|  |  |  |
| --- | --- | --- |
| No. | Performance phase | Responsible for performance phase (position, name, surname, phone) |
|  |  |  |

Employees, who will do the work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Duties | Name, surname | Qualification document, No, expiration date | Expiry date for the right to perform work in the environment of natural gas\* |
|  |  |  |  |  |

\* - to be filled only by employees who have the right to work in the natural gas environment.

List of subcontractors involved in these works:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Company name | Address | Contact number | Works that are done |
|  |  |  |  |  |

Attachments:

□ \* Copy of the order;

□ \* Copy of the company certificate;

□ \* Copies of documents certifying staff qualifications;

□ \* Anticipated safety measures (collective and personal protective equipment, etc.);

□ \* List of vehicles.

\* *mark attachments*

Name, surname, position, signature of the head of the company (person) or his authorized person

SEAL