

OHS Declaration specimen

OHS DECLARATION OF THE COMPANY WHICH BEGINS TO PERFORM WORKS ON THE PREMISES OF PKN ORLEN S.A.

NOTE: Please, fill out the spaces below in accordance with the actual situation in your company. The data may be verified by the employees of OHS services of PKN ORLEN S.A. and ORLEN Eko Sp. z o.o.

I. Basic information

I.A. Name of the company

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I.B. Address of the company

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I.C. Total number of employees in your company (at the end of the previous month)

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I.D. Planned number of employees for implementation of the project for PKN ORLEN S.A.

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I.E. Contact persons for purposes related to implementation of the project

1. Full name and position, tel.: e-mail:
2. Full name and position, tel.: e-mail:

I.F. Contact information of the OHS specialist or of the head of the OHS Department or data of an external company which provides OHS supervision during implementation of the project for PKN ORLEN S.A.

1. Full name and position, tel.: e-mail:

I.G. Name of the tendering procedure

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I.H. Major works to be performed by your company on the premises of PKN ORLEN S.A.:

1.
2.

3.
4.
5.
6.
7.

I.I Has your company performed any works on the premises yet?

II. OHS documentation and trainings for employees

II.A. Does your company have a Safety Management System?

II.B. Is your Safety Management System certified?

II.C. General number of in-house written OHS procedures/instructions

II.C. Do your employees have valid OHS trainings?

preliminary

on-the-job

periodic training (blue collar workers)

periodic training (managers)

II.D. Planned number of employees for implementation of the project in PKN ORLEN S.A. who have completed a first aid training

II.E. Do you have an Occupational Risk Assessment (ORA) developed for all job positions in your company?

II.F. Does your company conduct OHS inspections in the locations where works are performed?

II.G. Does you company keep a register of post-inspection reports?

III. Accident figures

III.A. Please, fill out the table below, taking into account the last 3 years

Year	No. of accidents			Accident incidence rate
	Fatal	Grave	Minor	

* rate calculated in accordance with the following formula:

$$\text{Accident incidence rate} = \frac{\text{total number of accidents}}{\text{total number of man-hours worked during the year}} \times 1\,000\,000$$

III.B. Does your company keep a register of accidents not resulting in injury?

III.B.1. Number of accidents not resulting in injury recorded last year

III.C. Does your company keep a register of near-miss incidents?

III.C.1. Number of near-miss incidents recorded last year

IV. Periodic check-ups

IV.A. Do your employees have valid medical examination?

preliminary

periodic

specialist

IV.C. How many cases of occupational disease have been reported in your company in the last 5 years?

V. Administrative decisions

V.A. Please, fill out the table below concerning administrative decisions addressed to your company, taking into consideration the last 5 years

Year	Decisions issued			
	PIP (National Labour Inspectorate)	PSP (National Fire Service)	WIOŚ (Voivodship Environmental Inspection)	Sanepid (Sanitary and Epidemiological Station)

V.B. Number of lawsuits against your company related to accidents at work

V.C. Number of post-accident proceedings in your company conducted with the participation of PIP and Public Prosecution Service

V.D. The amount of equipment subject to provisions of the Technical Inspection and planned to be used for the purpose of project implementation on the premises of PKN ORLEN S.A. (cranes, forklifts, lifts, bottles with process gases, etc.)

V.E. Do all the devices which are subject to the OTI (Office of Technical Inspection) have necessary documentation and

permissions to operate?

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VI. Personal protections and protective equipment.

VI.A. Does your company declare that all your employees who are to work on the premises of PKN ORLEN S.A. have been equipped in a sufficient amount of protective clothing and footwear, including anti-electrostatic footwear, protective helmets, gloves and goggles, hearing protectors, head screens, dust masks, gas masks, fall protection devices, etc.?

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VI.B. Does your company declare to present required approvals/certificates and reports on inspection and maintenance of machines, appliances and protective equipment?

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VI.C. Does your company declare that all work stations will be equipped with their own, technically functional, permitted for use, hand-operated fire fighting equipment? (fire extinguishers, fire-fighting units, fire blankets)

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Person responsible for filling out the "OHS Declaration"

Full name:

Position:

Telephone:

E-mail:

Date and place of filling out:

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company's seal