



Attendance list

Familiarization with the general requirements of occupational health and safety in Železiarne Podbrezová a. s.

Contractor:

Training made on:

Assigned identification number:

Order name:

In case of an accident at work, an extraordinary event and an ecological accident, call the
dispatching of ŽP a.s., tel. no. **048/645 4020**.

Table. nb. 1.: Attendance list

Attendance list – Head of the contractor working group / executive manager / SZČO			Signature
Name, surname, title			
Date of birth			
Phone number			
P.č.	Name, surname, title	Date of birth	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			



HONORARY STATEMENT

By signing the above table no. 1: Attendance list - I declare that I have familiarised myself with general health and safety requirements in the buildings and premises of the company Železiarne Podbrezová a. s.

At the same time, I declare that I will fully respect and comply with the requirements I have been acquainted.

*This presentation is the intellectual property of Železiarne Podbrezová a. s.
Copying and distribution is prohibited.*