











I. Work location and responsibilities				
External company:		Work to be performed:		
Permanent external company: <input type="checkbox"/> yes <input type="checkbox"/> no		Period (date/time): from _____ to: _____		
PMG Coordinator:		Phone: _____		
Responsible for external company:		Phone: _____		
Is a risk assessment available? <input type="checkbox"/> yes <input type="checkbox"/> if no, justification: _____				
II. Protective measures				
Personal protective equipment available:				Other PPE:
				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual endangerment through/necessary measures	Not applicable	Procedure according to risk assessment <i>Proof is available</i>		If no, description of protective measures (on reverse) Note: Keep a copy of the certificates of competence!
		yes	no	
1. Work area				
a) Work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Are systems to be secured / locking regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Demarcation and labelling of construction site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Working alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Working on X-ray machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hazardous and working materials				
a) Use of hazardous and working substances authorised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Storage of materials/hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Work equipment				
a) in perfect condition, in accordance with current regulations, current test seal available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) If PMG work equipment is used (exception) - loan licence for work equipment issued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Transport, transport routes				
a) Is the work location freely accessible - width / height / pipework etc. in the way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Elevated workplaces,				
a) Measures against falling objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Measures against the risk of falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) <i>If necessary:: Scaffolding removal</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tangential work processes/areas				
a) Are neighbouring areas / walkways / transport routes, escape routes to be secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Other trades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Fire protection/explosion protection				
a) Hot work? Work with dust formation / explosion hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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		yes	no	
8. Environmental protection a) Disposal of waste b) Are special measures required for the disposal of hazardous waste? c) Use/work with substances hazardous to water? d) Noise-intensive work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Emergency measures a) Instruction on behavior in an emergency b) Assembly point known?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
10. Security a) ID cards for external company employees available? b) Instructions on taking company property and tobacco products with you?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
11. Additional measures (if not included in 1 - 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Further agreements (if there is not enough space): 				
III. Acknowledgement and obligation The person responsible at the external company confirms that he/she <ul style="list-style-type: none"> • has received the specified documents • has understood the defined protective measures and undertakes to comply with them • has understood the hazards listed on pages 1, 2 and above • has understood the instructions for any PMG work equipment used and undertakes to comply with them • has understood the safety regulations '01-20 for workers from external companies' and undertakes to comply with them <p>If anything is unclear, he/she shall contact the coordinator immediately. He/she undertakes to ensure that PMG work equipment is only used by authorized employees who have been instructed in its use. He/she further undertakes to carry out a visual inspection before each use and to report any defects to the PMG coordinator immediately. The above-mentioned external company shall be fully liable for any damage caused by PMG work equipment used.</p> <p>He/she further undertakes to instruct his/her employees and subcontractors working on this work order accordingly. Proof of instruction must be submitted to the PMG coordinator.</p>				
Surname, first name, signature PMG Coordinator _____			Date:	
Surname, first name, signature Person responsible for the external company _____			Date:	

