

**STATEMENT OF APPROVAL
GENERAL REGULATIONS SAFETY HEALTH AND ENVIRONMENT FOR
WORKING WITH THIRD PARTIES**

This form is intended for external companies (hereafter referred to as the CONTRACTOR) who on instruction of Air Liquide Benelux Industries carry out work on Air Liquide Benelux Industries sites or installations.

1. IDENTIFICATION OF THE CONTRACTOR

Name of the company		Manager:	Name	
Address: Street name & no.			e-mail	
Postal code & city			Tel.	
Country		Safety Manager:	Name	
Number of employees			e-mail	
NACE code			Tel.	
VAT number		External company admin for E-safety:	Name	
Industrial Accidents Insurance ^[#]			e-mail	
			Tel.	

[#]: only for Belgian companies

2. CERTIFICATES

The **CONTRACTOR** is in possession of the following certificates:

Certificate		Valid until	Certificate		Valid until
VCA (Belgium - Netherlands)	<input type="checkbox"/>		ISO 9001	<input type="checkbox"/>	
MASE (France)	<input type="checkbox"/>		ISO 14001	<input type="checkbox"/>	
SCC (Germany, Austria, Switzerland)	<input type="checkbox"/>		OHSAS – ISO 18001	<input type="checkbox"/>	
Other:	<input type="checkbox"/>		Other:....	<input type="checkbox"/>	

attach copy of current certificate

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3. ACCIDENT STATISTICS

Accident statistics over the past 3 years				
Frequency:	20..			
	20..			
	20..			
Severity:	20..			
	20..			
	20..			
Number of industrial accidents resulting in permanent disability	20..			
	20..			
	20..			
The CONTRACTOR has a policy for adapted work in the event of an industrial accident	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

4. WORKING WITH SUBCONTRACTORS

The CONTRACTOR will outsource part of the contract to a subcontractor ^[#]		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Name of the subcontractor	Description of the outsourced work				
1)					
2)					
3)					
4)					
5)					
<p>^[#] It is the CONTRACTOR'S responsibility to ensure that ALBI's "General safety and environment regulations for working with third parties" (ST-SHE-045) is sent to the subcontractors and that the "Statement of approval" is sent to the SHE-IDPB-SIPP department at ALBI in good time.</p> <p>It is prohibited for subcontractors to further subcontract work unless express prior permission was granted for this by ALBI management after advice by the ALBI SHE-IDPB-SIPP department.</p>					

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The undersigned, as the company's responsible person:			
❖ declares to have read and understood the "General safety and environment regulations" as described in ST-SHE-045 and hereby declares to be in agreement with these rules			
❖ hereby undertakes to communicate these rules to his personnel and to the personnel of any subcontractors and undertakes to enforce adherence to these rules			
Name & Surname			
Signature			
Date			

Document to be sent to the local SHE responsible of the concerned site and will be submitted to the IDPB-SIPP accompanied by:

- ❖ safety and health plan of the **CONTRACTOR** including the risk analyses (general and specific for the work to be carried out)
- ❖ organisation structure of the Safety Department/IDPB (for Belgium)
- ❖ training level of the head of the Safety Department/IDPB (for Belgium)
- ❖ contact details and training level of the direct contact person at the Safety Department/IDPB (for Belgium)
- ❖ copy of the "management undertaking"/"policy statement"
- ❖ safety, quality and environment certificates (VCA, ISO, OHSAS, etc.

This document is an integral part of the order/contract.

*This document and the additional information requested must be sent to the **ALBI client's** representative **no later than 2 weeks** before work commences (or in the case of regular updates for permanent **CONTRACTORS** under contract **at least 2 weeks after the request for an update**) . Late, incomplete or no submission of this document and/or the additionally requested information can be seen by the **ALBI client** as a necessary and adequate condition to terminate the contract.*

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6. REGISTRATION BY ALBI

(Reserved for the ALBI organisation)

Recommendation SHE-IDPB-SIPP			
Name & Surname		Recommendation: Positive	<input type="checkbox"/>
Job title		Negative	<input type="checkbox"/>
Comments			
Decision by ALBI management (if not recommended)			
Name & Surname		Order is approved	<input type="checkbox"/>
Job title		refused	<input type="checkbox"/>
Reason			
Signature		Date	