|  |  |
| --- | --- |
| I hereby declare |   |
|  | Name, Surname |

that before my [ ]  **First dispatch**  [ ]  **follup up instruction** [ ]  **dispatch change**

I have been informed in detail about the generally applicable accident prevention regulations and codes of conduct, I have received my personal protective equipment and the copies of this training were provided to me, inclusive all occupational and workplace specific instructions and the basic instruction below with symbol meanings. This instruction does not replace the additional workplace performed specific instruction, which I have to complete, sign and submit.

I will fully respect all safety rules during the performed work. Furthermore, I declare that I wear always at work the personal protective equipment and I willl not remove any protective devices. Deffective/damaged protective devices are forbidden to be used. Faulty or worn-out personal protective equipment (PPE) will be replaced free of charge by the client or by HRsolution.

As an employee of HRsolution service GmbH, I have been informed to notify HRsolution by phone or in person, without delay of any shortcomings, damages and potential risks I take notice of.

I will not perform without special protective equipment any harmful work or activities that appear to be particulary dangerous. Should the client force me to perform activities which I do not trust in or which I regard as too dangerous, I will deny the performance of such tasks. In the event of such cases or in cases of doubt, I will notify without delay prior my contact person at HRsolution or the safety officer.

I was detailed informed about any medical screening possibilities. Voluntary examinations can be requested and initiated at my own request at HRsolution.

With my signature I confirm that all results from the medical screenings which may be relevant for the execution of my role and for the safe execution of the tasks may be brought to knowledge to the employer.

|  |
| --- |
| **I received the below-mentioned protective equipment/clothing:** |
| [ ]  Safety footwear |  | [ ]  Eye protection |  | [ ]  Safety helmet |  | [ ]  Welding mask |  |
| [ ]  Workwear |  | [ ]  Cool area clothing |  | [ ]  Gloves |  | [ ]  Ear protectors |  |
| In addition I always receive from the client all necessary or special protective equipment. |
| The training was performed based on the workplace analysis.  |
| For the employment at |   | As |   |
| I have received subsequently occupational specific training (tick the number of the instruction): |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** |
| **26** | **27** | **28** | **29** | **30** | **31** | **32** | **33** | **34** | **35** | **36** | **37** | **38** | **39** | **40** | **41** | **42** | **43** | **44** | **45** | **46** | **47** | **48** | **49** | **50** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  ,  |  |  |  |  |
| Place, Date |  | Signature of the trainer/safety officer |  | Signature &name &surname |

|  |  |
| --- | --- |
| Remarks: |   |