**Appendix 4**

**Template of the Register of Work Area Handing-over Statements**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Work place**  **Work performed** | **Work started (date, time, signature of the Employer’s representative)** | **Work completed**  **(date, time, signature of the Employer’s representative)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |