# **Appendix 3**

**Template of the Work Area Handing Over Statement**

WORK AREA HANDING OVER STATEMENT No. \_\_\_\_\_

**\_\_\_ \_\_\_\_\_\_\_\_, 20\_\_\_**

**The possessor’s authorised person of the one part\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(**name, surname, position of the Employer’s representative)

**and the Contractor’s authorised person of the other part \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**name, surname, position, mobile phone**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

 **(**name of the Contractor**)**

**have drawn up this Statement on the following mentioned below:**

**The company allocates the following area with coordinates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(**axis, marks, drawings No**.)**

**to carry out the following works:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(**work description**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_. till \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.**

**Prior to starting the works the following safety arrangements and measures shall be taken:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Measure** | **Due date** | **Performed by** | **Note on completion** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**The following equipment or work conditions remain in the work area that may cause danger to the personnel working in the work area (including work environment risks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(shall be filled in by the Employer)

**Work environmental risks that have not been prevented by the contractor‘s work technologies and which may endanger the personnel of Latvenergo AS, safety measures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(shall be filled in by the Contractor)

**The contractor accepts the area (premises) and is responsible for safety at work and fire safety. The contractor’s representative has received the work place safety instruction. The contractor’s representative undertakes to instruct the employees at the work place by registering it in the Contractor’s register of safety at work and fire safety instructions**

**Representative of the Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**signature, name, surname**)**

**Representative of the Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**signature, name, surname**)**

**The statement is extended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**date**)**

**Extension date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**date**) (**signature, name, surname**)**

**Work completed, the work area tided up, the employees have left the area, the statement closed and submitted**

**Representative of the Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**signature, name, surname**)**

**Representative of the Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**signature, name, surname**)**

**Information about air, water, oil or voltage supplied to the work area for performing the adjustment and testing of equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Description of changes** | **Date** | **Signature of Employer’s representative** | **Signature of Contractor’s representative** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |