*The purpose of this instruction is to share with*



*each other the information needed to carry*

*out our work effectively and above all safely.*

*This form provides a guideline for the information*

*that you discuss with each other (at a minimum)*

*before going to work.*

**Registration of instruction on access to electrical operating rooms**

**Subjects dealt with**

|  |  |  |
| --- | --- | --- |
| **No.** | **Subject** | **Dealt with** |
| 1 | Persons with medical implants (such as a pacemaker): if you have medical implants, consider the fact that electromagnetic fields may disrupt their operation! Ask your General Practitioner (huisarts) or company doctor (bedrijfsarts) for advice. |  |
| 2 | Location and nature of the work to be carried out. |  |
| 3 | Work-specific hazards and risks. |  |
| 4 | Approaching open voltage. |  |
| 5 | Demarcation and access to the worksite. |  |
| 6 | Grid operator regulations, warning signs, signals. |  |
| 7 | Use approved work equipment/tools. |  |
| 8 | Personal protection equipment to be used, depending on the work and location. |  |
| 9 | Additional procedures, regulations, drawings. |  |
| 10 | How to act in the event of an emergency or accident: assembly area, first aid supplies, use of phone. |  |
| 11 | Possible hazards for others present. |  |
| 12 | Reporting in and out procedure. |  |
| 13 | Ban on alcoholic drinks and/or drugs. |  |
| 14 |  |  |

**Supplementary subjects**

|  |  |  |
| --- | --- | --- |
| **No.** | **Subject** | **Dealt with** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| .. |  |  |

**Location**

|  |  |
| --- | --- |
| **Access instruction given by:** | |
| Name |  |
| Department |  |
| Position |  |
| Date and signature |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Instruction recipient**  *By signing this form, I acknowledge that I am aware of all the subjects discussed during this instruction and declare that I will observe them.* | | | |
| # | Name | Company | Signature |
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