**HSE (Health, Safety & Environment) file - subcontractor, service provider and third parties**

**COMPLETE REVISION**

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| 1 | General information Contract Party |  |
|  | Enterprise name |  |
|  | Enterprise number – VAT number |  |
|  | Address |  |
|  | Postal code – Municipality |  |
|  | Country |  |
|  | Phone number |  |
|  | E-mail address |  |
|  | Website |  |
|  | Recognition as a contractor (categories/subcategories - class) |  |
|  | General manager – phone number |  |
|  | Number of own employees |  |
|  | Language for communication with JDN |  |
|  | Site supervisor on the construction site:  Name / phone number / language |  |
|  | Internal prevention advisor / HSE Manager |  |
|  | External service for prevention and protection at work |  |
|  | Occupational accident insurer – policy number |  |
|  | VCA/VCU certificate registration number (if applicable) |  |

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| 2 | Project information | |
|  | Name and location of the JDN project where works are being carried out |  |
| Description of works to be performed |  |
| Will you employ sub-contractors / sole traders? | YES / NO \*  If yes, details of the sub-contractors / sole traders concerned - The nature of the activities and the number of employees envisaged:  ....................................................................................................................  ....................................................................................................................  ....................................................................................................................  ....................................................................................................................  ....................................................................................................................  ....................................................................................................................  (\*) Circle the applicable choice. |
| Maximum number of workers on the construction site  (incl. staff of sub-contractors/sole traders) |  |
| Planned implementation period | From ........................... until ........................... |

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| 3 | Risk inventory and assessment (RIA) |

You are expected to hand over a **specific** RIA related to the health, safety and environmental aspects of the works to be performed to JDN.

Possible options: \*

* See specific document attached (to be submitted together with the form)
* See completed table “Specific Risk Inventory and Assessment” attached to this form
* See health & safety plan of entreprise: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (to be submitted together with this form). The works to be performed are described sufficiently in this RIA and cognizance has been taken of the risks and preventive measures described. The RIA will therefore be followed and complied with strictly.

(\*) Tick the applicable option.

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| 4 | Statements of intent |

The undersigned declare that they have received the relevant **Jan De Nul Group** **QHSSE rules (FORM JDN.SF.04.05.B for Service Providers and Third Parties or FORM JDN.SF.04.05.C for Subcontractors –** **available on** [**https://www.jandenul.com/partners-suppliers**](https://www.jandenul.com/partners-suppliers)**)**, that they clearly understand the contents and that they will comply with these rules. The undersigned also confirm that they will accept full responsibility for informing their staff, subcontractors and sole traders working for them of the contents of FORM JDN.SF.04.05.B/C and for enforcing compliance by all parties.

The undersigned declare, if applicable, that they have received and understand the **Health & Safety Plan (HSP),** drawn up by the **Health & Safety Coordinator – Realisation** for the project (available on <https://www.jandenul.com/civil-works-benelux-documents>), and that they will comply at all times with the measures described during performance of the works. The undersigned will inform all their staff, subcontractors and sole traders working for them about the contents of this HSP and enforce compliance all parties.

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| 5 | Signatures | | |
| General Manager Contract Party  Name:  Date:  Signature: | | Project Manager Contract Party  Name:  Date:  Signature: | HSE Manager Contract Party  Name:  Date:  Signature: |

ANNEX: specific risk inventory and assessment

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| Activities to be performed | Equipment / techniques | Risks | Risk mitigation measures |
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