

Description of the work:.....																
Object / Location / Workplace:																
Name of the contractor company:.....																
<p>BRIEFING: The instructions of the SAFETY INFORMATION LEAFLET shall be followed at any time! (Handed over by contact person when the first time on campus.)</p> <p>Follow safety INSTRUCTIONS for contractors in labs and/or for contractors working in technical facility areas (sent out with order)</p>																
RISKS AND NECESSARY PRECAUTIONS																
<p>Are there any hazardous substances (chemicals, flammable liquids, gases (incl. cryogenic), biological substances etc), optical radiation (laser, UV radiation), radioactive radiation, strong magnetic fields at the workplace? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are there any maintenance or repair works in technical facility areas done? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Note: If false ceilings are opened, ceiling filler must be used.</p>																
<p>Major supply facilities affected? (Signature of the person who is responsible for the supply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Electricity</td> <td style="width: 20%;">Cutoff:</td> <td style="width: 10%;"><input type="checkbox"/> YES</td> <td style="width: 10%;"><input type="checkbox"/> NO</td> <td style="width: 30%;">Signature:</td> </tr> <tr> <td><input type="checkbox"/> Gases (natural gas, CO₂, Ar, N₂, He, carbogen etc.)</td> <td>Cutoff:</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td>Signature:</td> </tr> <tr> <td><input type="checkbox"/> Water</td> <td>Cutoff:</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td>Signature:</td> </tr> </table> <p>Are the necessary safeguard measures in place?</p> <p><input type="checkbox"/> Warning signs / labels (at switch board) of affected devices/machines/facility/area</p> <p><input type="checkbox"/> Working area and/or device/machine/facility labelled/locked off</p>		<input type="checkbox"/> Electricity	Cutoff:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Signature:	<input type="checkbox"/> Gases (natural gas, CO ₂ , Ar, N ₂ , He, carbogen etc.)	Cutoff:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Signature:	<input type="checkbox"/> Water	Cutoff:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Signature:
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<input type="checkbox"/> Water	Cutoff:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Signature:												
<p>Is there any ascent support in proper condition necessary for the work? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(Ladders, step stool, scaffold etc.)</p> <p>Is the use of fall protection required? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(Personal protective equipment, temporary handrail etc.)</p>																
<p>Hot work necessary (circular saw, welding, flame scarfing, brazing etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Fill out: work permit "fire detection system permit" (form sheet TÜV Austria)</i></p>																
<p>Any access to confined spaces/entering containers</p> <p>(sump pump, shaft, neutralization container etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																
WORK PERMIT AND ACKNOWLEDGEMENT																
I herewith confirm that prior to work and during work all necessary safety precautions are defined and obeyed and communicated to all affected personnel by the responsible person.																
Name of responsible person (contractor company)		Date / time														
Signature of responsible person (contractor company)																
Signature																
Work permit granted by Name/signature of ISTA contact person		Expire date														
RETURN AND END OF WORK PERMIT																
According the performing company the work is completed / partly completed. The work area was checked and is in safe and proper condition.																
Person who lifts the work permit (ISTA contact person)		Date / time														