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| Safe operating procedure by the company | | | | | | | | | | | | | | | | | ADK-USINE-ELT3-FOR-0008  Version 2  17/03/2023 | | | |
|  | | In accordance with articles R4511-10, R 4512-5, this document must be completed by the external company and sent to the client before the work is carried out.  This document will be appended to the prevention plan. (1 operating procedure per company) | | | | | | | | | | | | | | | | | | |
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| **OPERATING MODE EDITOR** | | | | | | | | | | | | | | | | | | | | | OPERATING MODE EDITOR | | | | | | | | | | | | | | | | | | |
| LAST NAME FIRST NAME | | | | |  | | | | | | | | | | Date of writing: | | \_\_\_/\_\_\_\_/\_\_\_\_\_ | | | |
| Phone number : | | | | |  | | | Mail : | | | | |  | | | | | | | |
| **ORDERING PARTY ALUMINIUM DUNKERQUE** | | | | | | | | | | | | | | | | | | | | |
| Ordering Party AD : | | | | |  | | | | | | | Order number : | | | |  | | | | |
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| **PERSON APPOINTED BY THE EXTERNAL COMPANY TO MANAGE THE OPERATION** | | | | | | | | | | | | | | | | | | | | |
| Last Name / First Name | | | | |  | | | | | | | Function : |  | | | | | | | |
| Phone number : | | | | |  | | | Mail : | | | | |  | | | | | | | |
| **SITE INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Rank 1 external contractor : | | | | | | | |  | | | | | | | | | | | | |
| Type of work : | | |  | | | | | | | | | | | | | | | | | |
| Place of intervention : | | | |  | | | | | | | | | | | | | | | | |
| Start date : | | | | | | | \_\_\_ /\_\_\_\_/\_\_\_\_ | | | Total estimated duration : … days | | | | | |  | | | | |
| Maximum workforce (including any subcontractors) : | | | | | | | | | | |  | | | | | | | | | |
| **EXTERNAL COMPANY OF RANK 2 OR MORE** | | | | | | | | | | | | | | | | | | | | |
| Name of subcontractor : | | | | |  | | | | | | | | | | | Staff : | |  | | |
| Outsourced operation : | | | | |  | | | | | | | | | | Start date : | | | \_\_\_/\_\_\_\_/ \_\_\_\_ | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Name of subcontractor | | | | |  | | | | | | | | | | | Staff : | |  | | |
| Outsourced operation : | | | | |  | | | | | | | | | | Start date : | | | \_\_\_/\_\_\_\_/ \_\_\_\_ | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Name of subcontractor | | | | |  | | | | | | | | | | | Staff : | |  | | |
| Outsourced operation : | | | | |  | | | | | | | | | | Start date : | | | \_\_\_/\_\_\_\_/ \_\_\_\_ | | |
| **CONTRIBUTORS** | | | | | | | | | | | | | | | | | | | | |
| Last Name | First Name | | | | | Company | | | Function | | | | | Safety training course(s) completed ? | | Acces badge active ? | | | ANFAS N1 | ANFAS N2 |
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| **Safe operating procedure by the company** | | | |
| **The section below must be completed in chronological order** | | | |
| **Activity phase** | **Risks** | | **Measures envisaged** |
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| **VISA** | | | |
| **No objection from the ordering party** | | **Signature of the safety operating procedure editor** | |
| Last Name :  First Name :  Signature : | | Last Name :  First Name :  Signature : | |
| **Signature of the person responsible for managing the operation** | | **In case of level 2 or more under treatment** | |
| Last Name :  First Name :  Signature : | | Last Name :  First Name :  Signature : | |