

**REQUEST FOR SERVICES  
OCCUPATIONAL SAFETY AND HEALTH**

Form: MD.OB.08

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Full name of the applicant :

Address of the applicant:

TIN (Taxpayer Identification Number):

Phone:

E-mail:

Fax:

Type of request:

Inspection and examination of the working equipment

Tasks of the occupational safety and health officer

Inspection of the conditions of the working environment

Training of the employees for occupational safety and health

Inspection of the protective electroisolation equipment

Rule book about occupational safety and health

Vocational training of the employees

Location of risk assessment:

The list of the facilities with surface area of the premises (in m<sup>2</sup>):

- offices:
- storage:
- production:

Short description of the technical process:

Number of employees:

Number of work places according to job classification:

1

List of working equipment (machines and devices):

*Realization, payment, contract, under contract etc.\**

*Reviewing of the request-definition, free form \**

Request reviewed by\*: Date of the reviewing \*:

*(name) (day, month and year)*

Date:

Applicant

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(signature)

Place

stamp h

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(Name, function)

*\* Representatives of MD PROJECT INSTITUTE will fill in*