

**REQUEST FOR SERVICES
WORKPLACE RISK ASSESSMENT**

	Form: MD.OB.08	Page/pages: 1/1
	Full name of the applicant :	
	Address of the applicant:	
	TIN (Taxpayer Identification Number):	Phone:
E-mail:	Fax:	

Type of request:

Workplace risk assessment	Changes of the risk assessment		
Addition to risk assessment	Revision of the risk assessment		

Location of risk assessment:

The list of the facilities with surface area of the premises (in m ²):	• offices:
	• storage:
	• production:

Number of employees:

Number of work places according to job classification:

List of working equipment (machines and devices):

Short description of the technical process:

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*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

(signature)

Place
stamp here

(Name, function)

** Representatives of MD PROJECT INSTITUTE will fill in*