## Annex 4 of Work Instruction No. T-U.29.0299.0050 AC



| Entry | statemen | ıt |
|-------|----------|----|
|-------|----------|----|

| Name of agent:                                 |   |
|--|---|
| Address:                                       |   |
| Number of assignment/description of work to    | be completed:   |
| Place of work within the premises of the plant |   |
| Name of the safety and health coordinator      |   |
| (if necessary):                                |   |
| Contact person(s) at LuK Savaria Kft.:         |   |
| Name of the person executing the on-site train | ning of the worker/s:   |
| Notes:   |   |
|  |   |
| Statement:                                     |   |
| The chemicals and other (aids) substances do   | o not contain:  |
| - carcinogen components                        | - teratogenic components                                      |
| - asbestos                                     | - mutagenic components  |
| - radioactive or other radiator substance      | - components severely damaging the environment,               |
|  | natural waters  |
| In case of any uncertainty, the EHS group sha  | all be contacted.   |
| Date:  |   |
|  |   |
| Assigned external company                      | Contact person  |
|  | on behalf of LuK Savaria Kft.                                 |
| Completion of dangerous works? (e.g. occasion  | onal activities with fire hazard; works with confined spaces) |
| Yes, name of the person acting as supervisor   | <u>:</u>  |
| No   |   |

## Annex 4 of Work Instruction No. T-U.29.0299.0050 AC



## **Entry statement**

| Is the obtainment of work permit required?                |  |
|---|--|
| Yes   |  |
| No  |  |
| The pieces of work equipment provided by LuK Sav          | aria Kft. (list):                          |
| Are the documents verifying the required skills and r     |  |
| (e.g. state-recognized qualification / forklift driver, N | lational Transportation Authority license) |
| Yes, the following:                                       |  |
| Not required  |  |
| In case negative answer, the works cannot be starte       | ed!  |
| Names of the persons performing work                      | Signatures of the persons performing work: |
| Names of the persons performing work                      | Signatures of the persons performing work. |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |