|  |  |
| --- | --- |
| 1. **In ultimii 3 ani s-au inregistrat cazuri de accidente soldate cu incapacitate temporara de munca pentru o perioada mai mare de 3 zile?** *Have any accidents occurred in the last 3 years that have resulted in a temporary incapacity for work for a period greater than 3 days (sick leave for at least 3 consecutive calendar days)? If yes, please provide details below:* | **Da /*Yes* Nu /*No*** |
| Click or tap here to enter text. | |
| 1. **In ultimii 3 ani s-au inregistrat cazuri de accidente soldate cu deces sau invaliditate?** *Have any accidents occurred in the last 3 years that have resulted in death or invalidity in the last three years? If yes, please provide details below:* | **Da /*Yes*  Nu /*No*** |
| Click or tap here to enter text. | |
| 1. **A fost organizatia Dvs amendata in ultimii 3 ani ca urmare a neindeplinirii reglementarilor SSM aplicabile?****Daca da va rugam sa detaliati mi jos: /** *Has your organization been penalized as a result of failure to comply with occupational health and safety legislation in the last 3 years? If yes, please provide details below:* | **Da /*Yes*  Nu /*No*** |
| Click or tap here to enter text. | |
| 1. **Organizatia dvs detine autorizatii relevante in domeniul SSM (PSI, sanitar-veterinara, transport/ depozitare substante periculoase, ISCIR etc)? Daca da, va rugam sa detaliati mai jos:****/** *Does your organization hold any authorizations/ permits that are relevant for OH&S (emergency situations, sanitary, transport/storage of dangerous substances, permits for facilities/plants, lifting, technical equipment etc.? if yes, please provide details below:* | **Da /*Yes*  Nu /*No*** |
| Click or tap here to enter text. | |
| 1. **Factori specifici organizatiei d.p.d.v. SSM** (*va rugam sa bifati mai jos conditiile corespunzatoare* *organizatiei Dvs*):   *OH&S specific factors (please, tick below the appropriate conditions for your organization):* | |
| **Locuri de munca ce se incadreaza in conditii deosebite/speciale de munca**  *Jobs under special working conditions* | **Da /*Yes*  Nu /*No*** |
| **Utilaje, echipamente, instalatii care necesita masuri de protectie speciale**  *Machinery, installations, equipment that require special protection measures* | **Da /*Yes*  Nu /*No*** |
| **Utilaje, echipamente, instalatii care necesita autorizare**  *Machinery, equipment, installations requiring authorization* | **Da /*Yes*  Nu /*No*** |
| **Salariati cu autorizatii speciale**  *Employees with special authorization* | **Da /*Yes*  Nu /*No*** |
| **Utilizare/manipulare/depozitare substante periculoase**  *Use / handling / storage of dangerous substances* | **Da /*Yes*  Nu /*No*** |
| **Lucrul la inaltime**  *Working at height* | **Da /*Yes*  Nu /*No*** |
| ***Daca da pentru orice din cele de mai sus, va rugam detaliati: /*** *If yes for any of the above, plese give details:* | |
| Click or tap here to enter text. | |
| 1. **Aspecte indirecte ce pot influenta performanta SSM a organizatiei (lucratori ai subcontractorilor, activitati care nu sunt sub controlul direct al organizatiei, aspecte conexe furnizorilor, aspecte conexe clientilor etc). Daca da, va rugam sa detaliati mai jos:** **/** *Indirect aspects that could influence the OH&S performance of the organization (workers of subcontractors/ activities that are not under the direct control of the organization, aspects related to the suppliers, aspects that are related to the clients etc.)* | **Da /*Yes*  Nu /*No*** |
| Click or tap here to enter text. | |

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| **DATA / *DATE:*** | Click or tap to enter a date. |
| **NUMELE / *NAME:*** | Click or tap here to enter text. |
| **FUNCTIE / *POSITION:*** | Click or tap here to enter text. |
| **SEMNATURA SI STAMPILA / *SIGNATURE AND STAMP:*** |  |