


Company Logo	MP28.1 - Risk Awareness for Phase personnel on External site	 Rev. 0 Pagina 1 di 3
Risk identification		

	NAME SURNAME	COMPANY ROLE	SIGNATURE
CONTACT PERSON FOR THE VISIT			
FORM COMPILER			
NAME OF SAFETY/EMERGENCY OFFICERS			
COMPANY:			
ADDRESS:			
AIM OF THE VISIT:			DATE:
BRIEF DESCRIPTION OF COMPANY ACTIVITY			

PHASE MOTION CONTROL personnel must always be accompanied by a Company person during the visit.

The Company hereby undertakes to provide PHASE MOTION CONTROL staff with all the necessary information regarding behavior during possible emergency situations.


PHASE MOTION CONTROL personnel is already provided with the following Personal Protective Equipment:

- Safety Shoes
- Earplugs / headset
- Disposable mask FFP2

Please communicate in advance the need for any additional PPE by filling in the ADDITIONAL NOTES FOR PHASE PERSONNEL field in the following table.

TABLE OF RISKS PRESENT IN THE COMPANY AND RELATED MEASURES TAKEN

POSSIBLE RISKS FACTORS	PRESENT <i>YES / NO / N.A</i>	PREVENTIVE AND PROTECTIVE MEASURES <i>Please specify measures taken to mitigate the risks to which Phase personnel may be exposed</i>	ADDITIONAL NOTES
SLIP / TRIP / FALL			
SPLASHES / CHIPS PROJECTION			
CRUSHING / COLLISION			
DROPPED OBJECTS / LIFTING ACTIVITY			
ELECTRICAL RISK			
CHEMICAL RISK			
FIRE			
EXPOSITION TO DUSTS			
ASBESTOS PRESENCE			

Company Logo	MP28.1 - Risk Awareness for Phase personnel on External site	 Rev. 0 Pagina 3 di 3
Risk Identification		

EXPOSITION TO HIGH ELECTRO-MAGNETIC FIELDS			
EXPOSITION TO NOISE			
EXPOSITION TO VIBRATIONS			
ATEX PRESENCE			
EXPOSITION TO BIOLOGICAL RISK (COVID-19 INCLUDED)			
OTHER			

PHASE PERSONNEL (FOR ACKNOWLEDGMENT)	ROLE	SIGNATURE