

**FORM TO BE FILLED OUT BY THE COMPANY PROVIDING ITS
SERVICES TO CLUB NAUTICO LA RAPITA**

1. COMPANY DESCRIPTION

COMPANY NAME:

ADDRESS:

DESCRIPTION OF WORK TO PERFORM:

2. LIST OF WORKERS WHO WILL BE AT THE FACILITIES

WORKERS' NAMES AND SURNAMES AND TRAINING RECEIVED IN HEALTH AND SAFETY

3. PERSON RESPONSIBLE FOR HEALTH AND SAFETY AT THE COMPANY

NAME:

POSITION:

**4. LIST OF INDIVIDUAL PROTECTION EQUIPMENT TO BE USED BY WORKERS
AND JOBS WHERE THEY ARE TO BE USED.**

**5. LIST OF SPECIFIC RISKS THAT COULD AFFECT OTHER WORKERS AT THE
WORKSITE. COMMENTS.**

Date and Signature of the Health and Safety Manager