

.....
 Name date signature

4.3. LabMatic employee opinion:

| | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| ✓ Check the works location with a cable finder* | <input type="checkbox"/> | <input type="checkbox"/> |
| ✓ Constant supervision by GTS required* | <input type="checkbox"/> | <input type="checkbox"/> |
| ✓ Written order for work required* | <input type="checkbox"/> | <input type="checkbox"/> |

Other requirements:

.....

LabMatic's employee:

.....
 Name date signature

4.4. Underground utilities networks not elsewhere specified:

| | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| ✓ Permanent supervision of an employee of an external company is required* | <input type="checkbox"/> | <input type="checkbox"/> |
| ✓ Written order for work required* | <input type="checkbox"/> | <input type="checkbox"/> |

Other requirements:

.....

The employee:

.....
 Name date signature

4.5. Gas network:

| | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| ✓ ETIWS employee's ongoing supervision required* | <input type="checkbox"/> | <input type="checkbox"/> |
| ✓ Written order for work required* | <input type="checkbox"/> | <input type="checkbox"/> |

Other requirements:

.....

The ETIWS employee:

.....
 Name date signature

4.6. Heating network:

- ✓ Constant supervision by ETIWS employee required*
- ✓ Written order for work required*

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Other requirements:.....

The ETIWS employee:

.....
 Name date signature

4.7. Water supply network:

- ✓ Permanent supervision of WT employee required*
- ✓ Written order for work required*

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Other requirements:.....

WT employee:

.....
 Name date signature

4.8. Sewerage network:

- ✓ Permanent supervision of WT employee required*

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Other requirements:.....

WT employee:

.....
 Name date signature

4.9. PCC IT network:

- ✓ Permanent supervision of PCC IT employee required*

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Other requirements:

.....

PCC IT employee:

.....
 Name date signature

4.10. Railway Department of the Capital Group:

YES **NO**

✓ Permanent supervision of the GKK's employee required*

Other requirements:

.....

GKK employee:

.....
 Name date signature

5. Opinion of the Security and Prevention Office staff (GB) (tel. +48 667 650 769)

.....

GB employee:

.....
 Name date signature

6. I confirm fulfilment of the conditions set out in point 4. Their conformity with the attached master map: **)

| Date of entry | Date of work | Representative of Safety and Prevention Office GB | | Area user | |
|---------------|--------------|---|-----------|-----------|-----------|
| | | Name | signature | Name | signature |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7. I'm allowing for commencement of the earthworks: **)

| Date of entry | Date of work | Works coordinator's name | Signature |
|---------------|--------------|--------------------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. I've acknowledged the findings of the "Local Earthwork Permit". I commit to use and observe them :**)

| Date of entry | Date of work | Works manager (contractor) | | Construction equipment operator | |
|---------------|--------------|----------------------------|-----------|---------------------------------|-----------|
| | | Imię i nazwisko | signature | Imię i nazwisko | signature |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

9. Register of additional supervisors**)

| Date of entry | Date of work | Name | Supervision start time | Supervision end time | Signature of additional supervising staff |
|---------------|--------------|------|------------------------|----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

10. Appendices

YES NO

Indicative map required*)

List of appendices:

NOTE:

The Works Coordinator shall report (by phone at 71 794 3430 or personally) the fact of commencement and end of earthworks on a given day to the Plant Dispatcher and the area administrator (user) where the earthworks will be performed, giving the following data:

- a) location of the works ,
- b) scope of the works,
- c) name of Contractor,
- d) number of Contractor's workers),
- e) duration of the works (start time and end time).

*) – mark whatever is required by placing an "x" in the appropriate box.

***) – the number of rows in the table may be increased or decreased as necessary.