

Date:

ABRIDGED HAND-OVER REPORT

No XY / mm / yyyy / XTP-1

.....

I. Workplace Transferor:

.....
date full name of the Transferor phone number signature

II. Workplace Transferee:

*

.....
date full name of the Transferee phone number signature

III. Number of people at the worksite:.....

IV. Work Coordinator:

.....
date full name of the Coordinator phone number signature

V. Name of the location, facility, plant, set of apparatus, equipment:

.....
.....

VI. Scope of work:

.....
.....

VII. Conditions for performing the work (in case of work conducted under written orders or permits, please provide their numbers):

.....
.....

VIII. I confirm that the worksite is prepared to ensure safe and healthy conditions for the execution of the specified scope of work:

.....
date full name of the Transferor (stamp and signature of the Transferor)

IX. Appendices:

- 1)
- 2)



In the case of particularly hazardous work covered by this report, separate orders or permits are required as appendices to this report.



** By signing this abridged hand-over report, I confirm that I and/or my subordinates have read the operating instructions for the equipment that will be operated/serviced by me/us.*