

Brzeg Dolny, on

LOCAL ADMISSION

For earthworks no.....

1. Location of Works (precise description of the site):

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2. Scope of works (precise description of the site):

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.....

.....

3. Date of performance of works:

Starting date –

Completion date –

4. Arrangements:**4.1. The land user:**

.....

.....

The employee:

.....

Nazwisko i imię data podpis

4.2. Opinion of the LabMatic LS-1 department employee:

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

✓ Check the works location with a cable finder*

✓ Constant supervision by **LabMatic LS-1** employee required *

✓ Written order for work required *

Other requirements:

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.....

.....

LS-1 employee:

..... 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 LabMatic LS-1 required*		<input type="checkbox"/>	<input type="checkbox"/>	
✓ Written order for work required*		<input type="checkbox"/>	<input type="checkbox"/>	

Other requirements:

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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:

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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:

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The ETIWS employee:

..... Name date signature		
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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:.....
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The ETIWS employee:

..... Name date signature
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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:
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WT employee:

..... Name date signature
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4.8. Sewerage network:

- ✓ Permanent supervision of WT employee required*

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

Other requirements:
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WT employee:

..... Name date signature
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4.9. PCC IT network:

- ✓ Permanent supervision of PCC IT employee required*

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

Other requirements:

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PCC IT employee:

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.....

Name

date

signature

4.10. Railway Department of the Capital Group:

YESNO

☐☐

✓ Permanent supervision of the GKK's employee required*

Other requirements:

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GKK employee:

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.....

Name

date

signature

5. Opinion of the Security and Prevention Office staff (GB) (tel. +48 667 650 769) or another person authorised by PCC (external HSE Inspector / HSE Specialist, phone no. 885-965-354)

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GB employee/ or authorized person:

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.....

.....

Name

date

signature

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

Date of entry	Date of work	Representative of Safety and Prevention Office GB/ or authorized person		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*)

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☐

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.