

Notification of assignment on weekends, public holidays and nights by external companies (temporary)

Complete on a PC or in BLOCK CAPITALS. Where applicable, all information not marked 'optional' is mandatory. Only applications completed legibly and in full can be processed. The applicant alone is responsible for the accuracy of the data.

Assignment commissioned by

CHEMPARK partner

Surname, first name of person responsible for the contract

Mobile number of person responsible for the contract (or deputy*) during performance of the assignment

Assignment to be carried out by

Company, address

Surname, first name of contact person

Mobile number during performance of the assignment

Assignment details

Work site ☐ DOR ☐ LEV ☐ UER

Weekend and/or public holiday work (time window 6:00 am to 8:00 pm)

Days of work ☐ Sat ☐ Sun ☐ Public holiday

Date on which first shift begins

Date on which last shift begins

Night work (time window 8:00 pm to 6:00 am)

Nights worked ☐ Mon/Tue ☐ Tue/Wed ☐ Wed/Thu ☐ Thu/Fri ☐ Fri/Sat ☐ Sat/Sun ☐ Sun/Mon

Date on which first night shift begins

Date on which last night shift begins

General description of the work to be performed by the employees of the above-mentioned external contractor listed below

Special circumstances and comments

Destination plant/building no. or work location

*The deputy must belong to the same company as the person responsible for the contract



Notification must be submitted no later than 2:00 pm, 1 working day before the assignment begins. Valid for a maximum of 1 week from the first date of work. Access exclusively via the Autohof.

Complete this form in full, sign it and email a scanned copy to:

werkschutz.servicecenter.lev@currenta.biz | werkschutz.servicecenter.dor@currenta.biz | werkschutz.servicecenter.uer@currenta.biz

Detailed information on data protection is available at the gatehouses or in the download section at chempark.de.

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To be completed by the client

To be completed by the company carrying out the assignment

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Names of employees of the external contractor named on page 1 who will be deployed			
Surname, first name		☐ CHEMPARK ID card available	☐ Check-in form is enclosed
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☐ Further employees: see supplementary sheet

For the company carrying out the assignment

As the company's authorised representative, I confirm that I hold the approvals required by law. I understand that, throughout the entire period during which the assignment is being carried out, the contact person from my company named on page 1 must be reachable on the mobile number stated on page 1.

Date	Name in block capitals	Signature
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For the client at Chempark

As the person responsible for the contract on behalf of the company based at CHEMPARK, I confirm that I am aware that the assignment is being carried out. Throughout the entire period during which the assignment is being carried out, I (or my deputy) will be reachable on the mobile number stated above.

Date	Name in block capitals	Signature
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To be completed by the company carrying out the assignment

To be completed by the client