

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

Version 02/2023 | Please fill in on PC or in PRINTED CAPITALS. If applicable, all information not marked „optional“ is mandatory.

To be filled in by the ordering party

Order placed by

CHEMPARK partner			
Last name, first name (person responsible for order)		Mobile number while the job is being carried out	

Job is carried out by

Company, address			
Last name, first name contact person		Mobile number while the job is being carried out	

Details of the assignment

CHEMPARK site DOR LEV UER

Weekend and/or holiday work (time window 06:00 to 20:00)

Days Sat Sun Holiday

Date of first shift	Date of last shift
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Nighttime work (time window 20:00 to 06:00)

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

Date of first shift	Date of last shift
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General job description of the employees of the above-mentioned external company mentioned in the following.

Special features and remarks

Destination plant/ building no.

Registration no later than 1 working day before the start of the assignment by 2:00 p.m.

Fill out this form completely, sign it, and email it scanned 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 gates or in the download area on chempark.de.

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To be filled in by the company carrying out the job

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To be filled in by the company carrying out the job

Names of the employees used by the external company named on page 1			
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included
Last name, first name		<input type="checkbox"/> CHEMPARK ID available	<input type="checkbox"/> Check-in-form included

For additional employees see supplementary sheet

For the company carrying out the job

As the company's authorized representative, I affirm that I have the legally required permits. I am aware that for the entire duration of the assignment, the contact person of my company named on page 1 must be reachable at the mobile number named on page 1.

Date
Name in PRINTED CAPITALS
Signature

To be filled in by the ordering party

For the ordering party at CHEMPARK

As the person responsible for the order of the company located at CHEMPARK, I confirm that I am aware of the details of the assignment. I can be reached at the above mobile number while the job is being carried out.

Date
Name in PRINTED CAPITALS
Signature

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