

## Check-in form for assemblers/craftsmen/technicians with pre-registration

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

|          | CHEMPARK<br>Site   | DOR  | LEV | UER            | Spe                 | cification                              | Instal                             | lation  | Trouble-<br>shooting | Other |  |
|----------|--|--|-----|----------------|---------------------|---|------------------------------------|---------|----------------------|-------|--|
|          | Details of the destination at CHEMPARK   |  |     |                |                     |   |                                    |         |                      |       |  |
|          | CHEMPARK partner   |  |     |                |                     |   | Destination plant/<br>building no. |         |                      |       |  |
|          | Access required on or from/until (3 days max.)                                   |  |     |                |                     |   | Entry via<br>gate                  |         |                      |       |  |
|          | Last name, first name (person responsible for order)                             |  |     |                |                     |   |                                    |         |                      |       |  |
| Access   | Telephone (person responsible for order)   |  |     |                |                     | Signature of person responsible for ord |                                    |         |                      |       |  |
|          | Job is carried out by  |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Company,<br>address  |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Last name, first name craftsmen  |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Mobile number (optional)   | E-mail (optional)  |     |                |                     |   |                                    |         |                      |       |  |
|          | Date of birth  |  |     | Place of birth |                     |   | Natio                              | onality |                      |       |  |
|          | Entry and exit with the following vehicle  |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Yes   No   |  |     |                |                     | Official license blate number           |                                    |         |                      |       |  |
|          | Reasons  |  |     |                |                     |   |                                    |         |                      |       |  |
| Entry    | Materials/spare parts brought along  |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Specification  |  |     |                |                     |   |                                    | Q       | Quantity             |       |  |
|          | Additional cargo not destined for CHEMPARK?  Yes No                              |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Specification of additional cargo  |  |     |                |                     |   |                                    | Q       | uantity              |       |  |
| Bringing | Special permission   |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Carrying IT Yes No Serial number IT equipment?                                   |  |     |                |                     |   |                                    |         |                      |       |  |
|          | Carrying tools? Yes No If yes, please fill out tool registration form for tools. |  |     |                |                     |   |                                    |         |                      |       |  |
|          |  | I confirm that the above information is correct. I have taken full note of and understood the safety and regulatory regulations at CHEMPARK, the safety instructions and CHEMPARK traffic regulations. |     |                |                     |   |                                    |         |                      |       |  |
|          | D  | Date   |     |                | Signature craftsman |   |                                    |         |                      |       |  |

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