Attendance registration for contractors' employees

Company name: _____ **Tel:** _____--_____
Signed (name); _____
(foreman / supervisor / supervisor AC[2)] / contact AC[2)] / individual contractor employee)

Hereby declares that on **the date of** ___ / ___ / ___ the following people, employed by the company named, will be working at the Aluchemie site.
Sub-contracting work be carried out. **Yes** / **No**[1)]
If **YES,** enter the name of the relevant company in the column 'Subcontractor'.

Contractoremployee(s) **Name: Initials:**	**Work times:** **In**	**out**	**Supervisor AC** **Contact AC** **Name:**	**Subcontracting:** **Compeny name**

Before starting the work, this list must be completed and handed in each day to the security service by the responsible foreman / supervisor / supervisor AC[2)] / contact AC[2)] / individual contractor employee from the company named above or Aluchemie.
Fax: 0031 (0)10-4727234

Signature of person responsible:

_____

[1)]delete that which is not applicable

[2)] AC = Aluchemie