



Accident Follow up Communication

TS 103/ Annex III

Year: _____

Company: _____ Address: _____

Phone num: _____ Fax: _____ E-mail: _____

Contact person from the contractor _____

EDPR contracting department: _____

Activities performed on the notified quarter:

| | 1° Quarter | | 2° Quarter | | 3° Quarter | | 4° Quarter | |
|-------------------------------------------|------------|----------|------------|----------|------------|----------|------------|----------|
| | 1° | subtotal | 2° | subtotal | 3° | subtotal | 4° | subtotal |
| Num of workers/employees (on average) | | 0 | | 0 | | 0 | | 0 |
| Worked hours by employees | | 0 | | 0 | | 0 | | 0 |
| Num of subcontracted workers (on average) | | 0 | | 0 | | 0 | | 0 |
| Worked hours by subcontracted workers | | 0 | | 0 | | 0 | | 0 |
| Num of inspections performed to the works | | 0 | | 0 | | 0 | | 0 |
| Accidents with leave | | 0 | | 0 | | 0 | | 0 |
| Accidents without leave | | 0 | | 0 | | 0 | | 0 |

ACCIDENT WITH LOST DAYS

| Name | Date of leave | Date of return | Cause | Injury | Corrective measures |
|------|---------------|----------------|-------|--------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

This data sheet should be sent on the first 10 days after the end of the quarter to EDP Renewables H&S department