Приложение № 4

к Правилам по охране труда при работе на высоте, утвержденным приказом Министерства труда и социальной защиты Российской Федерации

от «\_\_» \_\_\_\_\_\_\_\_\_ 20\_\_ г. № \_\_\_\_

Рекомендуемый образец

Личная книжка учета работ на высоте

Обложка

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| Адрес организации:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ЛИЧНАЯ КНИЖКАучета работ на высоте |

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# Страницы 2-3

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| Фото 3ч4ФРег. номер \_\_\_\_\_\_Дата «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_Фото 3 x4ЫФФамилия \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Имя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Отчество (при наличии)\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (личная подпись)Личная книжка № \_\_\_\_\_\_\_ Дата рождения: |  Личная книжка выдана:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(наименование организации, выдавшей личную книжку)на основании удостоверения № \_\_\_\_\_\_\_\_\_\_от «\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Руководитель образовательного учреждения: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (подпись) (фамилия, инициалы)

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| Рег. номер\_\_\_\_\_\_\_Лич. книжка №\_\_\_\_Дата выдачи\_\_\_\_\_Дата окончания \_\_\_\_\_\_\_\_\_Всего часов навысоте\_\_\_\_\_\_\_\_\_\_ | Рег. номер\_\_\_\_\_\_\_Лич. книжка №\_\_\_\_Дата выдачи\_\_\_\_\_Дата окончания \_\_\_\_\_\_\_\_\_Всего часов навысоте\_\_\_\_\_\_\_\_\_\_ | Рег. номер\_\_\_\_\_\_\_Лич. книжка №\_\_\_\_Дата выдачи\_\_\_\_\_ |

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# Страницы 4-5

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| Заключение врача о допуске к работе по результатам медицинского обследования

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| Группа крови |

Карточка медицинского страхования

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| Дата обследования | Заключение врача, № медицинской справки | фамилия, инициалы, подпись и личная печать врача |
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| Дата обследования | Заключение врача, № медицинской справки | фамилия, инициалы, подпись и личная печать врача |
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# Страницы 6-9

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| Сведения о профессиональной подготовке, аттестации и повышении квалификации

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| Дата | Место проведения курса, образовательное учреждение, организация | Наименование курса |
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Сведения включают в себя начальную подготовку, курсы переподготовки или повышения квалификации, тренинги, курсы по оказанию первой помощи пострадавшим на производстве, сертификацию на соответствие российским или международным требованиям. |

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| Максимальная высота / продолжительность курса | Результаты аттестации, № сертификата (удостоверения, протокола) | Подпись, печать |
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# Страницы 10-69

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| Сведения об опыте работы

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| Дата | Наименование предприятия, проводившего работы | Вид проведенной работы, номер наряда-допуска |
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 | Сведения об опыте работы

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| Место работ | Продолжительность работ (в часах) | Макси мальная высота, (м) | Подпись лица, ответственного за производство работ, печать организации (при наличии) |
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 ИТОГО:  |

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