



## IMI REPORT

Number: 26805.1

### PW - Posting of workers - request for information concerning health and safety

#### Request for information concerning the posting of workers by a service provider

	Request for information concerning the posting of workers by a service provider
Motivation for sending the request	information required concerning health and safety measures information required concerning an occupational accident

#### Dates

	Article 6 (6) (b) of Directive 2014/67/EU stipulates that requests shall be answered within a maximum of 25 working days (i.e. 35 calendar days), unless a shorter time limit is mutually agreed.
Number of calendar days in which a reply is required	9
Number of calendar days in which the recipient will reply	9
Date sent	21/05/2021
Date accepted	21/05/2021
Date due	30/05/2021

#### Service provider details

Type of service provider	Person
First name	sample text
Surname	sample text
Nationality	Austria
Place of birth	Known
Country of birth	Austria
Town	sample text
Date of birth	Known
Date	02/05/2021

#### Service sector

Service activities	Accounting, auditing and fiscal services Administration services Administration, defence and social security services Adult and other education services
NACE reference number(s) of the service sector(s)	sample text

#### Address

Address of the service provider	Known
Address type	Correspondence address
Street and number	sample text

Town	sample text
Postcode	sample text
Country	Austria
Region	Burgenland

### Contact details

E-mail address	sample@text.imi
Telephone number	+1234567

### Identification

TAX/VAT number	Known
Tax/VAT	sample text
Other type of identification	Available
Commercial/company registration	sample text
Professional registration number	sample text
Social security number	sample text
Other registration number	sample text

### Legal representative

Legal representative details	Available
First name	sample text
Surname	sample text
Address	Known
Street and number	sample text
Town	sample text
Postcode	sample text
Country	Austria
Region	
E-mail address	sample@text.imi
Telephone number	+12345678

### Additional Information

Additional information about the service provider	(en) sample text
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### Information about posted workers

Does the requested information concern specific posted workers?	Yes
Posted worker details are provided	in a grid

### Details of the posted worker(s) - 1

First name	sample text
Surname	sample text
Country of birth	Austria

Place of birth (town)	sample text
Date of birth	Known
Date	02/05/2021
Nationality	Austrian
Social security number	sample text
Passport/ID card details	Available
ID type	Identity card
Number	sample text
Date issued	02/05/2021
Expiry date	02/05/2021
Profession	(en) sample text
Address of the posted worker	Available
Address type	Correspondence address
Country	Austria
Region/area	(en) sample text
Town	sample text
Postcode	sample text
Street and number	sample text
E-mail address of the posted worker	sample@text.imi

### Information about an accident

Does this request concern a specific occupational accident?	Yes
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### Accident details

Date of the accident (if known)	02/05/2021
Location where the accident took place (if known)	(en) sample text
Known details in brief	(en) sample text

### [E001] Did the workers concerned receive health and safety training relating to the workstation or job concerned?

	[E001] Did the workers concerned receive health and safety training relating to the workstation or job concerned?
Question details	(en) sample text
Answer	Yes
	[E001.1] What was the content of the training?
Answer	(en) sample text
	[E001.2] What was the duration of the training?
Answer	(en) sample text
	[E001.3] When was the training provided?
Answer	
	[E001.4] What was the event (such as recruitment, transfer or change of job, new work equipment or new technology) that motivated the training?
Answer	
	[E001.5] Who provided the training to workers?

Answer	
	[E001.6] What was the professional capability of the person who provided the training?
Answer	
	[E001.7] Was the training recorded or documented?
Answer	
Detailed answer	

**[E002] Did the workers concerned undergo a medical examination offered by the employer?**

	[E002] Did the workers concerned undergo a medical examination offered by the employer?
Question details	(en) sample text
Answer	Yes
	[E002.1] Was the content of the medical examinations appropriate to the health and safety risks the workers concerned incur at work?
Answer	Yes
Detailed answer	(en) sample text
	[E002.2] Did the doctors' reports indicate any restriction or prohibition on tasks or activities for the workers concerned?
Answer	Yes
Detailed answer	(en) sample text
	[E002.3] When were medical examinations provided?
Answer	(en) sample text
	[E002.4] What was the event (such as initial or periodic, exposure to new risks, etc.) that motivated medical examinations?
Answer	(en) sample text
	[E002.5] Who provided the medical examinations?
Answer	(en) sample text
	[E002.6] What was the capability of the person who provided the medical examination?
Answer	(en) sample text

**[E003] Was the risk assessment of the workstation or job concerned carried out by the employer?**

	[E003] Was the risk assessment of the workstation or job concerned carried out by the employer?
Question details	(en) sample text
Answer	Yes
	[E003.1] Was the risk assessment appropriate to the health and safety risks of the workers concerned at work?
Answer	Yes
Detailed answer	(en) sample text
	[E003.2] When was the risk assessment provided?
Answer	(en) sample text
	[E003.3] Who provided the risk assessment?
Answer	(en) sample text
	[E003.4] What was the capability of the person who provided the risk assessment?
Answer	(en) sample text
	[E003.5] Were safety aspects included in the risk assessment?

Answer	Yes
Detailed answer	(en) sample text
	[E003.6] Were physical agents, such as noise, vibration or thermal risks, included in the risk assessment?
Answer	Yes
Detailed answer	(en) sample text
	[E003.7] Were hazardous substances (chemical or biological) included in the risk assessment?
Answer	Yes
Detailed Answer	(en) sample text
	[E003.8] Were ergonomic aspects included in the risk assessment?
Answer	Yes
Detailed answer	(en) sample text
	[E003.9] Were psychosocial aspects included in the risk assessment?
Answer	Yes
Detailed answer	(en) sample text

**[E004] Can you provide a statement about the circumstances related to the occupational accident concerned?**

	[E004] Can you provide a statement about the circumstances related to the occupational accident concerned?
Question details	(en) sample text
Answer	Yes
	[E004.1] Can you provide the date of the accident concerned?
Answer	Yes
Date of the accident	18/05/2021
	[E004.2] Can you provide the personal identification of the worker/s injured in the accident concerned?
Answer	(en) sample text
	[E004.3] Can you provide information about the injuries suffered by the worker/s in the accident concerned?
Answer	(en) sample text
	[E004.4] Can you identify any witnesses of the accident concerned?
Answer	(en) sample text

**[E005] Did the employer draw up a report for the responsible authorities of the country of origin about the occupational accident concerned? Please provide details.**

	[E005] Did the employer draw up a report for the responsible authorities of the country of origin about the occupational accident concerned? Please provide details.
Question details	(en) sample text
Answer	Yes, see details below
Detailed answer	(en) sample text

**[E006] Were labour conditions, relating to the accident concerned, included in the risk assessment or prevention plan? Please provide details.**

	[E006] Were labour conditions, relating to the accident concerned, included in the risk assessment or prevention plan? Please provide details.
Question details	(en) sample text

Answer	Yes, see details below
Detailed answer	(en) sample text

**[E007] Did the employer concerned ensure that workers from outside undertakings and/or establishments received appropriate instructions regarding health and safety risks during their activities in his undertaking and / or establishment in an understandable way? Please provide details.**

	[E007] Did the employer concerned ensure that workers from outside undertakings and/or establishments received appropriate instructions regarding health and safety risks during their activities in his undertaking and / or establishment in an understandable way? Please provide details.
Question details	(en) sample text
Answer	Yes, see details below
Detailed answer	(en) sample text

**[E008] Were coordination measures put in place between the companies involved in the accident? Please provide details.**

	[E008] Were coordination measures put in place between the companies involved in the accident? Please provide details.
Question details	(en) sample text
Answer	Yes, see details below
Detailed answer	(en) sample text

**[E009] Did the employer take appropriate measures for first aid after the accident? Please provide details.**

	[E009] Did the employer take appropriate measures for first aid after the accident? Please provide details.
Question details	(en) sample text
Answer	Yes, see details below
Detailed answer	(en) sample text

**[E010] Were workers concerned equipped with personal protection equipment (PPE) before the accident? Please provide details.**

	[E010] Were workers concerned equipped with personal protection equipment (PPE) before the accident? Please provide details.
Question details	(en) sample text
Answer	Yes, see details below
Detailed answer	(en) sample text

**[E011] Were the machines and equipment maintained in good working order so as to ensure their use without detriment to the safety and health of workers prior to the accident? Please provide details.**

	[E011] Were the machines and equipment maintained in good working order so as to ensure their use without detriment to the safety and health of workers prior to the accident? Please provide details.
Question details	(en) sample text
Answer	Yes, see details below
Detailed answer	(en) sample text

**[E012] Was the employer warned, prior to the accident, about OSH incidents relating to it? Please provide details.**

	[E012] Was the employer warned, prior to the accident, about OSH incidents relating to it? Please provide details.
Question details	(en) sample text
Answer	Yes, see details below

Detailed answer	(en) sample text
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## Management Information

Form	PW - Posting of workers - request for information concerning health and safety
Management type	Request
Number	26805
Status	Accepted
Version	1
Last update	21/05/2021 13:26 CEST

## History

History Item	Version: 1 Action: Request edited Old status: Accepted New status: Accepted Modified by: USER training Date: 21/05/2021 13:26 CEST
History Item	Version: 1 Action: Request accepted Old status: Awaiting acceptance New status: Accepted Modified by: USER training Date: 21/05/2021 13:24 CEST
History Item	Version: 1 Action: Request sent Old status: Draft New status: Awaiting acceptance Modified by: HELPDESK EC IMI Date: 21/05/2021 13:10 CEST
History Item	Version: 1 Action: Request saved Old status: Initial status New status: Draft Modified by: HELPDESK EC IMI Date: 21/05/2021 13:09 CEST

## Link

Link Item	Repository Name: PW - Posting of workers - request for information concerning health and safety Entry Number: 26778 Link Type: Copied from Linked By: IMI System Date: 21/05/2021 13:10 CEST
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## Requesting Authority

Authority name	European Commission Commission européenne Europäische Kommission
Authority informal title	IMI System
Country	EU
Address	Rue de Spa, 2 1000 Bruxelles
Telephone	+ +32 229 55470
Fax	+ +32 229 68867
E-mail	IMI-Helpdesk@ec.europa.eu

## Requesting Coordinator

Authority name	European Commission Commission européenne Europäische Kommission
Authority informal title	IMI System
Country	EU
Address	Rue de Spa, 2 1000 Bruxelles
Telephone	+ +32 229 55470
Fax	+ +32 229 68867
E-mail	IMI-Helpdesk@ec.europa.eu

## Responding Authority

Authority name	Training authority Training authority Training authority
Authority informal title	Training authority
Country	EU
Address	street and number 1234 town
Telephone	+3212345678
Fax	
E-mail	training@ec.imi