


DATA ON THE EXECUTOR OF DEMINING OPERATIONS

Form PO - IP


		Name:	
Date:			
Person responsible for data accuracy:			
Address:			
Fax, telephone			
Director/tradesman			
Director/tradesman/s mobile phone			
E-mail address			
Information on the establishment			
Date of establishment / registration			
Place and state of registration			
Number and date of issuance of the Approval for conducting demining operations (Ministry of Interior, Republic of Croatia)			
References from previous work on mine clearance and mine search operations to the date: _____			
Size of totally searched and demined area	as contract holder/ leading partner	m ²	
Size of totally demined area		m ²	
Size of totally searched area		m ²	
Size of totally searched and demined area	as subcontractor/partner	m ²	
Size of totally demined area		m ²	
Size of totally searched area		m ²	
Number of mines found	pcs	m ²	
Number of UXO found	pcs	m ²	
Number of other ERW found	pcs	m ²	
No. of deminers involved in accidents during conducting mine search and clearance operations	total		
	fatality		
	major injury		
	minor injury		
No. of repeated searches for the purpose of mine and UXO detection during quality control			
No. of temporary suspensions of work based on the Decision of QA Officer			
No. of uttered protective measures of suspension of conducting demining operations			
Collective data on demining capacities:			
Total no. of employees			
Total number of deminers			
Total number of auxiliary workers			

			total
Number of dog handlers	deminers		
	auxiliary workers		
Number of demining machine operators	deminers		
	auxiliary workers		
Number of medical doctors	with identification card		
	without identification card		
Number of technicians / nurses	with identification card		
	without identification card		
Number of ambulance drivers	with identification card		
	without identification card		
Number of authorised employees	deminers		
	auxiliary workers		
Number of protective vests with protection for groins	ownership		
	lease		
Number of protective helmets with visors	ownership		
	lease		
Number of protective suits	ownership		
	lease		
Number of metal detectors	ownership		
	lease		
Number of magnetometers	ownership		
	lease		
Number of ambulances with medical equipment	ownership		
	lease		
	leasing		
Number of demining machines	ownership		
	lease		
	leasing		
Number of armored vehicles	ownership		
	lease		
	leasing		
Number of dogs trained for mine and UXO detection	ownership		
	lease		
Other:			
Name of equipment		no. of pcs	total
	ownership		
	lease		
	leasing		
	ownership		
	lease		
	leasing		

Place and date: _____

Signature and stamp: _____

POMOĆNI DJELATNICI

DATA ON THE EXECUTOR OF DEMINING OPERATIONS	Form PO – PD
	Name:
Date:	Person responsible for data accuracy:


No.	Auxiliary workers		Working experience in demining operations	Educational qualification and profession		Auxiliary worker identification card number	Position within the company*	Medical confirmation validity date			Insurance		Insurance policy validity date			Special skills and knowledge	Remarks
	last name	first name	(year)	ed.qual.	profession			day	month	year	Insurance compa	Insurance policy number	day	month	year		

* Enter the operations conducted by: dog handler, demining machine operator or other if the person conducts any other operations

Mjesto i datum:

Potpis i pečat

MEDICINSKO OSOBLJE

DATA ON THE EXECUTOR OF DEMINING OPERATIONS	Form PO - MO	
	Name:	
Date:	Person responsible for data accuracy:	


No.	Medical personnel		Working experience in demining operations (year)	Educational qualification and profession		Identification card number	Position within the company*	Insurance		Datum valjanosti police osiguranja od nezgode			Special skills and knowledge	Remarks
	last name	first name		ed.qual.	profession			surance compa	policy number	day	month	year		

* Enter the operations conducted by: medical doctor, medical technician or ambulance driver

Mjesto i datum:

Potpis i pečat:

ZAŠTITNA OPREMA

DATA ON THE EXECUTOR OF DEMINING OPERATIONS	Form PO – ZO
	Name:
Date:	Person responsible for data accuracy:

No.	Name of protective equipment*	Manufacturer	Type, model	Serial number**	Year of manufacture	Shelf-life	Accredited centre/laboratory (conformity assessment issuer)	Certificate code/code of the certificate of conformity	Date of issuance			Owned by	Leased by	Lease contract validity date			Remarks
									day	month	year			day	month	year	


* Enter all protective vests with protection for groins, all protective helmets with visors and all protective suits

** Enter the serial number for each part of protective equipment in the separate column

Mjesto i datum:

Potpis i pečat:

DETEKTORI METALA


DATA ON THE EXECUTOR OF DEMINING OPERATIONS							Form PO – DM									
							Name:									
Date:							Person responsible for data accuracy:									
No.	Type of metal detector (as per detector purpose)*	Manufacturer	Type, model	Serial no.**	Year of manufacture	Date of last servicing			Accredited centre/laboratory (conformity assessment issuer)	Certificate code/code of the certificate of conformity	Owned by	Leased by	Lease contract validity date			Remarks
						day	month	year					day	month	year	

* Enter all metal detectors and magnetometers
 ** Enter the serial no. of each detector in the separate column

Mjesto i datum:

Potpis i pečat:

PSI ZA OTKRIVANJE MES-a I NUS-a


DATA ON THE EXECUTOR OF DEMINING OPERATIONS		Form PO – PSI
		Name:
Date:	Person responsible for data accuracy:	

No.	Dog handler		Information on the dog trained for mine and UXO detection					Accredited centre (conformity assessment issuer)	Usability assessment number	Usability assessment validity date			Owned by	Leased by	Lease contract validity date			Remark
	last name	name	name of dog	identification mark	gender	age (year)	breed			day	month	year			day	month	year	

Mjesto i datum:

Potpis i pečat:

STANDARDNI OPERATIVNI POSTUPCI


DATA ON THE EXECUTOR OF DEMINING OPERATIONS	Form PO – SOP
 <p>HRVATSKI CENTAR ZA RAZMINIRANJE</p>	Name:
Date:	Person responsible for data accuracy:

No.	Name of SOP-/Amendments to the SOP	Date of submission to CROMAC	Date of verification by CROMAC	Remarks

Mjesto i datum:

Potpis i pečat:


SKLADIŠTE EKSPLOZIVA

DATA ON THE EXECUTOR OF DEMINING OPERATIONS		Form PO – SE							
									
Date:		Person responsible for data accuracy:							
No.	Explosive ordnance storage location	Type of storage	Person responsible for storage	Owned by	Leased by	Lease contract validity date			Remarks
						day	month	year	
1		Explosive ordnance storage facility							
2		Portable container							

Mjesto i datum:

Potpis i pečat:

SPECIJALISTIČKA OPREMA

DATA ON THE EXECUTOR OF DEMINING OPERATIONS	Form PO – SO
	Name:
Date:	Person responsible for data accuracy:

No.	Name of equipment*	Manufacturer	Type, model	Serial no./Chassis no.	Year of manufacture	Validity date of technical/maintenance inspection/working licence			Quality certificate code	Owned by	Leased by	Lease contract validity date			Remarks
						day	month	year				day	month	year	

*Enter all ambulances with medical equipment and all mobile radio stations

Mjesto i datum:

Potpis i pečat: