

Skanska Sverige

Public information

Project/Workplace	_____	
Name	_____	
Social security number (Personal ID no.)	_____	
Telephone home/mobile	_____	
E-mail	_____	Password* _____
Emergency contact 1	Name: _____	Telephone: _____
Emergency contact 2	_____	_____
Company	_____	Org no _____
Contact person at your company	Name: _____	Telephone: _____
	_____	_____

This acknowledgement is registered in the administration tool for safety introductions.

I have received and understood the following and accept to comply.

Skanska's safety introduction**part 1:** Skanska's values and
Skanska Sweden's General
Conduct and Safety Rules_____
Date_____
Signature**Skanska's safety introduction****part 2:** Your workplace (safety
information about the specific
workplace)_____
Date_____
Signature

* You can change the password later by resetting it when you log in to the introduction.