THENJIWE SUPPLIES & REPAIRS

Reference Number	TSR/AR/001	Attendance Register	THENJIWE SUPPLIES & REPAIRS
Implementation Date	03.12.2018		
Revision / Amendment Number	0		
Revision / Amendment Date	03.12.2018		

Venue			**Section**		
Date			**Presented By**		
Time			**Project (If Applicable)**		
SUBJECT (mark relevant block with X)	**INDUCTION**	**TOOLBOX TALK**	**TASK RISK ASSESSMENT**	**H.S.E MEETING**	**OTHER**
MEETING DETAILS	Fall Protection Plan.				
Acknowledgement	I hereby acknowledge that I have received and understand the attached SOP/ Procedure / Standard / Works Instruction / Risk assessment / Policy / Special Instruction. I accept the responsibility of implementing it in my section and ensuring that all relevant line personnel within my area of responsibility are informed and comply accordingly. Any person relieving me or taking over my area of responsibility will also be informed accordingly by myself.				

Name	Surname	Signature
Martin	du Plessis	
Victor	Tiedt	
Jade	Bramger	Bramger
André-Chael	Du Plessis	