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

Attendance Register



Venue			Section		
Date					
Time			Presented By Project (If Applicable)		
SUBJECT (mark relevant block with X)	INDUCTION	TOOLBOX TALK	TASK RISK ASSESSMENT	H.S.E MEETING	OTHER
MEETING DETAILS	OHS Act				
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	
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