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Example content:

Project		Date	
Site		Area	
Name		Contact Number	
Position		Signature	
Supervisor/Mgr		Signature	
1. Licences and Accreditations		Number	Issue Date
████████████████████			
████████████████████			
██████████			
██████████			
██████████████			
██████████████████			
██████████████			
Sighted/ Received		Y/N	Copy retained
		Y/ N	
1. I agree that information and instruction has been received in relation to the following health and safety issues:			
██████████		██████████ ██████████	██████████
██████████		██████████████████	██████████████████
██████████		██████████	██████████████████
Comments			
2. I agree to follow the requirements set out in the Site Safety Management Plan generally and specifically in relation to:			
██████████		██████████	██████████