

_____/____/____

name signature contact No.

Work location:

Scope of work:

Worksite protection:	Refer to Worksite Protection Plan for details
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[illegible]

☐ A final site inspection has been conducted immediately before commencing work, and any new hazards and controls have been included.

name signature contact No.

Yes ☐ the Workplace Supervisor acknowledges that the Protection Officer will arrange worksite protection as required.

[illegible]