

# 15. WORKERS REGISTER

Company Name: \_\_\_\_\_

Site Reference: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

WORKERS NAME	COMPANY	CONTACT PHONE	RESIDENTIAL ADDRESS	SSSP PROVIDED		SITE INDUCTION COMPLETE DATE (DD/MM/YY)
				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

