GA13 Site induction register

Company name		Project title	
Location		Contract no.	

I confirm that I have attended the site induction, understand the site rules and that I am not taking medication or drugs that could affect my concentration or safety on site

Ref no.	Date	Name *(capitals)*	Signature	Employed by	Occupation	Approved competency card/ certificate held *(i.e. CSCS/CPCS)*		Type of card held *(plus any relevant categories and card number)*	Person giving induction
						Yes	No		

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