|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client:** |  | | | **Project Name:** | |  | | | **Job No:** | | |  | | **Sheet:** | | | Of |
| **Contract Manager:** | |  | | **Project Manager:** | | |  | **Site Supervisor:** | |  | | | | **Date:** | |  | |
| **Check Authorised By:** | | |  | **Signature:** |  | | | **Check Delegated To:** | | |  | | **Signature:** | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SITE**  **PERSONNEL (NAME)** | **HEYDAY GROUP OR**  **SUBCONTRACTOR** | **SAFETY SHOES** | | **HELMET** | | **WHS**  **CONSTRUCTION**  **CERTIFICATE** | | **SITE INDUCTION**  **(IF REQUIRED)** | | **PERSONNEL**  **SIGNATURE** | **REMARKS** |
| **CHECK**  **BY** | **DATE** | **CHECK**  **BY** | **DATE** | **CHECK**  **BY** | **DATE** | **CHECK**  **BY** | **DATE** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMENTS:** |  | | |
|  | | | |
|  | | **NCR No:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***FINAL ACCEPTANCE:*** | ***NAME*** | ***SIGNATURE*** | ***POSITION*** | ***APPROVED (YES/NO)*** | ***DATE*** |
| **Heyday Group (Representative):** |  |  |  |  |  |
| **Client (Representative):** |  |  |  |  |  |
| **Authority (If Applicable):** |  |  |  |  |  |

*(Client and Authority may elect or not elect to sign the acceptance)*

**ACCEPTANCE CRITERIA:** AS PER ITP = (2) SPECIFICATION, WORKCOVER/WORKSAFE ANY OTHER SITE AND OR AUTHORITIVE REQUIREMENT.