

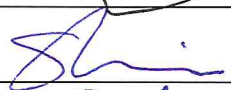




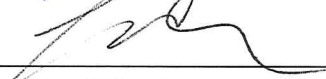





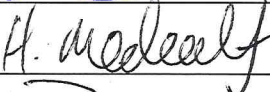





Area of Activity	Walkways and Gangways
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Ref No	RA012	Date	20/09/2023	Rev	1
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PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS FORM

I acknowledge that I have read and understood the Risk Assessment/s associated with this task/event/equipment etc.

Print Name	Signature	Date
A DAVISON		30/09/23
SI COUPLAND		30-9-23
S. LINCE		30-9-23
D. RICHARDS		30-9-23
IONEZ SOBREA		30.09.2023
DANIEL McANN		30/9/23
MIKE ARKUE		30-9-23
L. ARKUE		30-9-23
S. RATCHIFF		30/09/23
L. Bullock		30/09/23
J. PAUL		30/9/23
L. THURMAN		30/9/2023
L. PAYNE		30/9/2023
H. MEDCALF		30/9/23
D. Bullock		30-9-23
E. BROWN		25.10.23
B. MURPHY		09.11.23