RECORD OF SAFETY INDUCTION BRIEFING



FORM

KSC₀₂

CONTRACT:	CONTRACT NO:
NAME:	COMPANY:
ADDRESS:	SIGNATURE:
	IQUAMA NO:
DATE OF BIRTH:/	AGE
PLANT OPERATOR:	TRADE:
Copies of licences to be given to Al Khodari. YES / NO	Trade Certificate :
	Trade Certificate Number:
Operators Instruction Manual Available: YES / NO	NB. If the Site Management are not satisfied with your
Number of years experience operating plant:	performance you will be asked to cease work until further notice.
NEXT OF KIN: (contact in case of emergency)	NAME:
	ADDRESS:
	(If different
	From above)
	TEL NO:
BRIEFED BY:	DATE:
	YES NO
ANY MEDICAL PROBLEMS: YES / NO (Delete as appropriate) DETAIL BELOW (Any medical condition/change in medical condition during this project must be brought to the attention of your supervisor or an Al Khodari management representative. This information is required to protect your health and safety, and any details will be treated in strict confidence)	
Do you suffer from epilepsy or fits?	
Are you diabetic needing insulin?	
Have you ever had blackouts, recurrent dizziness or any cocollapse or incapacity?	ondition, which could cause sudden
Do you suffer from discomfort or pain in the chest or shortness of breath e.g. climbing a single flight of stairs?	
Do you have difficulty hearing normal conversations?	
Are you suffering any other condition or taking any medication for a medical condition?	
Do you understand that failing to follow the site rules will result in disciplinary action being taken up to and including dismissal from site.	
For Site Use	
	u acknowledge your understanding

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