

Form	
TRAIN ATTENDANT BOOK IN & BRIEFING FORM	

Department:			Date:	
Location:			Shift:	
Briefed By	Name:		ID No.	
	Position:		Signature:	

Briefing Notes:

No.	ID No.	Name	Time In	Signature	Time Out	Signature	Remarks
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							

Approved By: Signature: Date:	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
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Form	HITACHI Inspire the Next
TRAIN ATTENDANT BOOK IN & BRIEFING FORM	

No.	ID No.	Name	Time In	Signature	Time Out	Signature	Remarks
14							
15							