## **Site Attendance Record**

Technician Name/s:	SHEWMS no:	Project:	
Company Name:		First Aider:	
VPL Field Manager:	Phone:	STMS:	Phone:
Site Supervisor:	Phone:		
Emergency Evacuation Point:			

## **ATTENDEES:**

I, the undersigned, hereby certify that I have been inducted to this job site by Visionstream and that I have participated in the identification of hazards associated with working at this location. I agree to implement the control measures identified, including the use of the appropriate PPE as stated in the SHEWMS Document.

Date	Full Name (Print)	Company	Signature	Location

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