

GA13 Site induction register

Company name						Project title			
Location						Contract no.			
I confirm that I have attended the site induction, understand the site rules and that I am not taking medication or drugs that could affect my concentration or safety on site									
Ref no.	Date	Name <i>(capitals)</i>	Signature	Employed by	Occupation	Approved competency card/certificate held <i>(i.e. CSCS/CPCS)</i>		Type of card held <i>(plus any relevant categories and card number)</i>	Person giving induction
						Yes	No		