New Zealand DEFENCE FORCE Te Ope Katua O Aotearoa	**DEI C.H.E.S.S.** **Site Visitor/Induction Register**	*(Insert Company Logo File)*

Date:	21/03/20	**Document ID#:**		**Version #:**	1
PVID#:		**Contractor/Company Name:**		**Contractor ID:**	
Camp/Base:		**Location:**		**Site:**	

Reset Project Details

IN SIGNING THIS REGISTER AND ENTERING THIS SITE YOU ACKNOWLEDGE:

- Permission has been granted by an authorised ***representative***;
- You have been advised of and understand the ***site specific hazards*** that exist on this site, the ***location*** of the hazards and the methods of control;
- You have been advised of the site ***emergency evacuation procedures***;
- You will not enter the site without the appropriate ***Personal Protective Equipment (PPE)***.

Date	Name	Organisation	Authorised By	Time in	Time out	Signature

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