

Acknowledgement Slip – Briefing Form		QPF44
Operative Name		
NCCA Number		
Date and Time of Briefing		
Signature		
Location		
Name of Person Conducting Briefing		
Signature		
Date		
Subject of Briefing	Integrated Management System – Revised Policies and Procedures	

I ACKNOWLEDGE HAVING BEEN BRIEFED IN THE FOLLOWING COMPANY POLICIES, PROCEDURES AND RELEVANT ASSOCIATED INFORMATION CONTAINED WITHIN THE REVISED INTEGRATED MANAGEMENT SYSTEM.

HEALTH & SAFETY ISSUES

Health & Safety Policy Statement	<input type="checkbox"/>	Fire Safety & Security	<input type="checkbox"/>
Health & Safety Responsibilities	<input type="checkbox"/>	Health & Safety Rules	<input type="checkbox"/>
Drug & Alcohol policy	<input type="checkbox"/>	Drug & Alcohol Screening	<input type="checkbox"/>
Hours Worked Policy	<input type="checkbox"/>	Exceeding Work Time Limits	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	PTS Handbook	<input type="checkbox"/>
Contact Lens	<input type="checkbox"/>	Glasses	<input type="checkbox"/>
Accident & Incident Policy	<input type="checkbox"/>	Accident Reporting Procedure	<input type="checkbox"/>
Railway Work safe Procedure	<input type="checkbox"/>	Generic Risk Assessments	<input type="checkbox"/>

ENVIRONMENTAL ISSUES

Health & Safety Policy Statement	<input type="checkbox"/>
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QUALITY ISSUES

Quality Policy	<input type="checkbox"/>
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