

**Health & Safety Procedure**

**HSP23 Provision and Use of Work Equipment**

Equipment Authorisation Form

This employee (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the necessary knowledge, training and experience to (use/maintain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the following equipment:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

**Authorising Manager’s Name:**

**Date:**  **Signature:**