

Company Details						
Company Name:					Date Request:	of
Name of Requestor:				Phone/Email:		
Operation/s to be inducted: (please tick)	<input type="checkbox"/>	OPEN CUT	<input type="checkbox"/>	UNDERGROUND	<input type="checkbox"/>	CHPP
What area will they be working?	<input type="checkbox"/>	Operations	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Other
Inductee's Details						
Name:	Task/s or Job being performed at site/s?			Occupation:		APPROVED? (To be completed by Moolarben Coal rep)

**Please note:** This approval is to attend the Generic Induction for Moolarben Coal plus three site specific inductions (approval signatures required to attend each site induction below); for site training packages and site familiarisation will need to be organised with your Site Contract Coordinator.

\* Note: Please allow time to complete inductions and site procedural requirements.

SITE APPROVAL – OPEN CUT (must be signed by an authorised Moolarben representative)			
I, the undersigned below, am the contract holder for the above-named person and grant approval for their Open Cut induction. Additionally, I will be responsible for their activities whilst they are operating in Open Cut areas as defined by the Contractor Management Procedure.			
Full Name:		Signed:	
Position:		Contact #:	

SITE APPROVAL – UNDERGROUND (must be signed by an authorised Moolarben representative)			
I, the undersigned below, am the contract holder for the above-named person and grant approval for their Underground induction. Additionally, I will be responsible for their activities whilst they are operating in Underground areas as defined by the Contractor Management Procedure.			
Full Name:		Signed:	
Position:		Contact #:	

SITE APPROVAL – CHPP (must be signed by an authorised Moolarben representative)			
I, the undersigned below, am the contract holder for the above-named person and grant approval for their CHPP induction. Additionally, I will be responsible for their activities whilst they are operating in CHPP areas as defined by the Contractor Management Procedure.			
Full Name:		Signed:	
Position:		Contact #:	

**APPROVED DOCUMENT IS UNCONTROLLED WHEN PRINTED**

Title: Form- Contractor Approval Form			
Document ID: MCO-SITE-7129		Owner: Grant Arnold	
Last Review:	Next Review: 17/08/2023	Revision Number: 4	