FORM

PRE -START TAG-ON/OFF ACKNOWLEDGEMENT

Site and Area		**Shift**	
Date		**No. of Attendees**	
Supervisor Name			

I acknowledge that:

- I attended today's pre-start meeting.
- I understand the tag-on/tag-off procedure for this site.
- I will tag-on before commencing work.
- I will tag-off when leaving the worksite.
- I will notify the Supervisor immediately if I am unable to tag-on or tag-off.
- I understand the tag-on/tag-off system is in place for personnel accountability and emergency management.

Team Member Name		**Initials**	
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Team Member Name		**Initials**	
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Team Member Name		**Initials**	
Team Member Name		**Initials**	
Team Member Name		**Initials**	
Team Member Name		**Initials**	
Supervisor Signature		**Date**	

Additional tag-on/off whilst being on site: