Licence / Ticket Verification Checklist

Worker Details

Worker Name*: _____

Employee ID: _____

Position/Role: _____

Department: _____

Contact Number: _____

Licence / Ticket Details

Licences / Tickets:

Licence/Ticket Type	Licence/Ticket Number	Issuing Authority	Issue Date	Expiry Date	Verified

Options for 'Licence/Ticket Type': Forklift, Crane, Working at Heights, Confined Space, Scaffolding, Other

Verification Summary

☐ **All Listed Licences/Tickets Verified**

Comments / Observations: _____
_____

Sign-Off

Verifier Name*: _____

Verifier Position: _____

Verification Date*: _____

Signature*: _____ *(Sign above)*

| Version | Authorised by | Review # | Date of Issue: | Review Date: | 1 |