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# CONSTRUCTION TRAINING INTERNATIONAL P/L

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## Site Inspection Checklist

### EQUIPMENT

Assessor Name		
Assessor Number		
Site Contact Name		
Site Contact Ph No		
Location/Address		
Type of Equipment		
Please tick one		
<b>Details of Equipment</b>		
Type of machine		
Model number		
Registration number		
Weight		
Suitable working area		
Work area barricaded		
Work area correctly signed		
Records held with equipment		
Current Drivers License		
Equipment meets OH&S Requirements?	Yes	No
Assessor Signature:	Date:	