

Plant/PPE Register												
Description of Plant/PPE	Location	Risk assessment conducted			Action/Training required		Safe work procedure (plant)		Maintenance conducted and recorded		Plant/PPE registration required	
		Yes	No	Date	Yes	No	Yes	No	Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Checklist completed by: _____

Date: _____