

	Kendal Power Station SHEQ Induction Request Form	Unique Identifier	*1036834
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		Safety Risk Management	

(To be submitted to Safety Risk Department at least 48 hours in advance)

Details of Submitter

Surname & Initials					
Company/Department					
Designation					
Contact Phone no		Date of Induction			
No. of Employees/ Visitors			Eskom		
Safety File Approval	Approval Date:	Name Of Evaluator:	Contractor		
Nature of visit	MEETING		Drop Off/Delivery		Project/ Work

Details of Visitor/s

Surname & Initial	ID no / Unique No	Company	Email address /contact number