



## DAILY SPRAYING AUTHORISATION FORM

COMPANY NAME: \_\_\_\_\_

PRINCIPLE NAME: \_\_\_\_\_

EMPLOYEE NAME(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOBILE NO: \_\_\_\_\_ BUSINESS NO: \_\_\_\_\_

BOAT NAME: \_\_\_\_\_

SPRAYING TYPE: \_\_\_\_\_

COLOUR OF PRODUCT BEING SPRAYED: \_\_\_\_\_

ESTIMATED TIME: \_\_\_\_\_

Your signature below indicates that you **have read, understand, and agree** to comply with all practices outlined in the Sandringham Yacht Club Incorporated's Occupational Health & Safety Policy & Procedures and confirm that **you have read, understood and agree** to the terms and conditions with the entire Club's House Rules as outlined in Sandringham Yacht Club Incorporated Constitution and Sandringham Yacht Club Incorporated By-Laws documents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_