



HARDSTAND CRANE OPERATORS INDUCTION FORM

BOAT NAME: _____

SKIPPERS NAME: _____ MEMBER NO: _____

CLASS/DESIGN: _____

CREW NAME/S: _____ MEMBER NO: _____

_____ MEMBER NO: _____

_____ MEMBER NO: _____

_____ MEMBER NO: _____

_____ MEMBER NO: _____

_____ MEMBER NO: _____

_____ MEMBER NO: _____

SLING TYPE: _____ TAG DATE: _____

Specific Requests/Comments: _____

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: _____

Inducted by: _____ Date: _____

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