

SAFETY MANAGEMENT SYSTEM - CONTRACTOR AUTHORITY FORM

Authority to operate under the Operator ("Thiess") Safety Management System (SMS)

I.	(Print name) as authorised representative for
	(insert
Contracting Company name) to operat	
☐ Fully under the Thiess SMS	
☐ In conjunction with the Thiess SMS SMS where this may apply specifically	and relevant sections of the Contracting Company's to a defined task as listed below.
Relevant Sections of Contracting Comp	·
Signature (Thiess Authorised Represe	
l,	(Print name) as authorised representative
for	(insert Contracting Company
name) hereby accept to comply with	the requirements of the Thiess Safety Management
System (SMS) where indicated. I will	authorise work to cease in any event where further
clarification is required.	
Signature (Authorised Contractor Rep	resentative)

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