

POTE EXEMPTION AUTHORISATION FORM

Coal Mine Worker Details

Name:	Department/Company:
Date of Birth:	Site Contact:

Exemption for:

- | | |
|---------------------------------|------------------------|
| Coal Board Medical | SOPs |
| Industry Standard 11 | Site Induction |
| Work Area Familiarisation (WAF) | Other (please specify) |

Further Details

Date:
Details:

Exemption Period

Date from:
Date to:

Sign-Off (Authorisation)

Authorised by (name):		Date:	
Signature (where possible) OR method/detail of authorisation:			

Exemption approval must be from the SSE or delegate.

APPROVED DOCUMENT IS UNCONTROLLED WHEN PRINTED

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