

| Plant/PPE Register | | | | | | | | | | | | |
|--------------------------|----------|---------------------------|--------------------------|------|--------------------------|--------------------------|-----------------------------|--------------------------|------------------------------------|--------------------------|---------------------------------|--------------------------|
| Description of Plant/PPE | Location | Risk assessment conducted | | | Action/Training required | | Safe work procedure (plant) | | Maintenance conducted and recorded | | Plant/PPE registration required | |
| | | Yes | No | Date | Yes | No | Yes | No | Yes | No | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Checklist completed by: _____

Date: _____