VISITOR OR SHORT TERM ACCESS FORM									
		VISITOR INFORMA	ATION						
VISITOR NAME:									
COMPANY:									
MOBILE PHONE NUMBER:									
REQUESTED DATES:									
(no longer than 14 days) REASON FOR VISITING SITE:									
Refer to Site Entry policy a	nd indicate	e visitor classification: (Ti	ck which entry	category)					
(A) Visitor– no WORK		(B) Non-Permanent Visitor		(C) Infrequent Visitor					
(Someone who is performing		(Once off work)		(Infrequent work)					
<u>no</u> work)		Complete		Complete					
		SAFE ACCESS FORM		SAFE ACCESS FORM					
Release In consideration of being granted this pass I hereby agree to release and hold harmless Portland Aluminium, together with its subsidiary, associated and/or holding companies and all employees or agents thereof, from all claims, present or future, resulting from any bodily injury, or loss of, or damage to property arising out of my visit to the premise aso the said Portland Aluminium. I intend to be legally bound by this release. I will comply with all site regulations and safety instructions visiting only those areas authorised by this pass. VISITOR SIGNATURE:									
D	EDSON W	HO IS REQUESTING THE V	ISITOR INFO	DMATION					
PRINT NAME:	ERSON W	HO IS REQUESTING THE V	ISTION - INFO	RIVIATION					
DEPARTMENT:									
COMPANY:									
REQUESTOR SIGNATURE	::								
	COMPLET	E IF TEMPORARY VEHICL	E ACCESS RE	QUIRED					
REASON FOR TEMPORAR VEHICLE ACCESS TO SITE									
VEHICLE ACCESS TO SITE	<u> </u>								
			•						
	PORT	LAND ALUMINIUM MANAG	ER INFORMAT	ΓΙΟΝ					
PRINT NAME:									
DEPARTMENT:									
PORTLAND ALUMINIUM MANAGER SIGNATURE:									
HEALTH RESOU	RCE OFFI	CER (HRO) / PLANT PROTE	ECTION OFFIC	ER (PPO) INFORMATIO	N				
		PRINT NAME:							
		N COMPLETION DATE:							
TRUCK INDUCTION COM									
	1	VISITOR PASS ISSUED:							
		DATE:							
]	HRO/PPO SIGNATURE:							

PORTLAND ALUMINIUM SAFE ACCESS NOMINATION FORM All sections are MANDATORY

SUPPLIER NAME (exactly as per contractor Portal):______

THIS COMPANY/SUPPLIER/SUB CONTRACTOR IS PRE-QUALIFIED (Circle)						Contractor Employee Number To be generated by Training Dept.					
1634		Yes No									
If Yes	, ABN:										
If NO, has an exemption been raised, approved and a copy attached? Yes No Contact the Contractor Services Supervisor or Contractor Safety Coordinator if no exemption in place or confirmation is required.											
	SURNAME:			FIRST NAME:							
	TITLE: MIDDLE NAME:			DATE OF BIRTH:	GENDER: M F						
LS	HOME ADDRESS – Number and Street (not the Employer's address)										
CONTRACTOR DETAILS	SUBURB/CITY:			STATE:		POSTCODE:					
	Home telephone: ()			Mobile:							
RACTC	Have you ever been inducted to the Portland Alumin (circle and date if applicable)			nium site?	YES	NO	DATE				
NC	Labour type: (circle)			Internal		External					
Ö	Labour Classification: (ie Labourer, Truck Driver)										
	Short Term Expiry		N/A	Start Date:	End Date:						
	In consideration of being granted site access to the premises of Portland Aluminium, I will comply with all										
			icies and S	Safe Systems of work							
	Inductee Signature:			Date:							
Z	ALCOA OR CONTRACTOR SUPERVISOR DETAILS (Print Clearly) – On-site person who will be directly supervising the contractor.										
SUPERVISIC	SURNAME:			FIRST NAME:							
	Office phone number:			Mobile number:							
JPE	Organisation:			Job Role:							
SL	Signature:										
APPROVAL	ALCOA MANAGER OR SUPPLIER CONTRACT SPONSOR DETAILS (Print Clearly)										
	SURNAME:			FIRST NAME:							
	Office phone number:			Mobile number:							
API	Signature:										
ADDITIONAL MANDATORY FIELD IF REQUIRING ALCOA PRIVILEGES (ie Email address/iProc access) (Circle as appropriate) YES NO											

^{*}On completion of site entry requirements this form must be delivered to the <u>TRAINING DEPARTMENT</u>*