Document Name:	Sign On Sheet – Rail Safety Worker	
Document Number:	XX - XXXX	

By signing on, and performing rail safety work, you are committing that the following statement is true and accurate:

I confirm that I am free of the influence of drugs and/or alcohol and am not suffering from fatigue. I am fit for duty and hold current competency to perform my role as a rail safety worker.

Date	Name	Sign On	Confirmatory Signature	Sign Off

Version No	Ente	er Version No	Version Date) :	Enter Version Date
Approved By:	Job Title of the highest position in the organisation				