**Abrasive Wheel Authorisation and briefing record**

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| --- | --- | --- | --- |
| **Company Name** |  | **Location** |  |

**NOTE:** all employees must receive the Abrasive Wheel training before getting the equipment specific briefing and being entered into this authorisation.

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| No. | Employee name (Block) | Employee Signature | Specify equipment being authorised on | Note any equipment specific controls, etc. | Person Authorising | Date of authorisation  | Notes |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |