**SYDNEY TRAMWAY MUSEUM**

# Document Control Record

## 1. Document Details:

**Name:** ATTENDANCE SHEET - OPERATIONS BRANCH

**Number** STM6070
**Version Number:** 1.1

**Document Status:** [ ] Working Draft

[X] Approved for Issue

[ ] Archived

**Next Scheduled Review Date:** .....

## 2. Version History:

| Version Number | Date | Reason/Comments |
|---|---|---|
| 1.0 | 12/03/2007 | Initial draft |
| 1.1 | 25/10/2008 | Add Fatigue comment |
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**Approved by** _____ **Signature & Date** _____

## 3. Distribution List

| Position | Date | Copy Issued (Yes/No) | Copy No. | Received |
|---|---|---|---|---|
| Rail Safety Manager | | Y | 1 | |
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# SYDNEY TRAMWAY MUSEUM
## OPERATIONS BRANCH ATTENDANCE SHEET

**READ THESE INSTRUCTIONS CAREFULY BEFORE SIGNING ON**

**RAIL SAFETY ACT – FATIGUE MANAGEMENT** – By recording my name on this sign-on sheet, I certify that I am fit and able today to carry out the duties assigned to me.

| O.I.C. | | |
|---|---|---|
| Day:……. Date:……../……../…….. Sheet No:…… | | |
| Weather: Fine:…….Wet:…….Hot:…….Cold:…….Windy:…….Overcast:…….Other:……. | | |
| GROUP BOOKINGS ONLY<br>Note: Please complete Daily Summaries and Starters' Journals for ALL out-of-hours bookings | | |
| Name of Group | Est. Arrival Time | Approx. No. |
| | | |
| | | |
| | | |
| | | |
| Special Notes re Groups: | | |

Today's Driver(s):……. Starter / Checker:

Today's Conductor(s):…….. ……

| NAME – BLOCK LETTERS PLEASE | Membership Number | Time On HH MM | Time Off HH MM | Hours Office use only |
|---|---|---|---|---|
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Have the First-Aid Boxes and mobile phones been **ISSUED** to the traffic staff? YES/NO

Have the First-Aid Boxes and mobile phones been **RETURNED** and put on charge? YES/NO

I am satisfied by observation that staff reporting for traffic duty have not shown any sign of unfitness to perform their duties.

Officer in Charge:……..

GO TO NEXT SHEET IF SPACE IS INSUFFICIENT