Business Name:

Business Address:

PLANT AND EQUIPMENT REG

Project Name: **Location:**

Completed by: **Names of HSR /**

** Where the operation of plant requires a licence (Licence to Perform High-Risk provide evidence of this certification.

Name of plant/equipment	Make / Model	Registration I.D #	Date of last inspection

SAMPLE

Business Name:

Business Address:

Name of plant/equipment	Make / Model	Registration I.D #	Date of last inspection/maintenance	[illegible]	[illegible]	[illegible]	[illegible]

SAMPLE