The Company

**Health and Safety Manual**

**September 2017**



**The Company**

**KEY COMPANY INFORMATION**

***Action:*** *Your company will be referred to as* ***‘The Company’*** *through this document.*

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Street Address:** |  |
| **Suburb / City:** |  |

**Responsible Person:**

***Action:*** *Nominate either the owner / or appointed manager if the owner is not directly involved in the business.*

|  |  |
| --- | --- |
| **Responsible Person:** |  |

**Emergency Preparedness:**

***Action:*** *Nominate a staff member who generally remains on site. Deputy required in event of sickness or annual leave etc.*

|  |  |
| --- | --- |
| **Warden:**(in an emergency) |  |
| **Deputy Warden:**(if Warden off site) | Responsible Person |

# COLLISION REPAIR ASSOCIATION COPYRIGHT STATEMENT

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