**SOP / SWP SIGN-OFF FORM**

This form is to certify that you have:

* Read the Standard Operating Procedures (SOPs) / Safe Work Procedures (SWPs) relevant to your role
* Understand how to apply the SOPs / SWPs to your work
* Know where to locate a copy of the current SOPs / SWPs

The original signed and dated form should be filed with your training records OR in your personnel files.

**Name of Worker:**

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| --- | --- | --- | --- |
| **SOP / SWP Number and Title** | **Version** | **Date read** | **Signature** |
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