

SAFETY MANAGEMENT SYSTEM - CONTRACTOR AUTHORITY FORM

Authority to operate under the Operator ("Thiess") Safety Management System (SMS)

I,	(Print name) as authorised representative for
	(insert
Contracting Company name) to operate (tick	cone below):
Fully under the Thiess SMS	
In conjunction with the Thiess SMS and I SMS where this may apply specifically to a content.	relevant sections of the Contracting Company's defined task as listed below.
Relevant Sections of Contracting Company's	SMS
	Date://
Signature (Thiess Authorised Representativ	
l,	(Print name) as authorised representative
for	(insert Contracting Company
name) hereby accept to comply with the r	equirements of the Thiess Safety Management
System (SMS) where indicated. I will author	orise work to cease in any event where further
clarification is required.	
	Date://
Signature (Authorised Contractor Represen	tative)

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