

NAME OF PRODUCT :			
MANUFACTURER/ SUPPLIER :			
PURPOSE OF PRODUCT :			
The use of this product is approved for the stated purpose - subject to the following conditions - and subject to the product being used as per the manufacturer's instructions.			
	CONDITIONS (WHERE APPLICABLE)		
1.			
2.			
3.			
4.			
5.			
DATE :		COUNTER SIGNED :	
			HEALTH AND SAFETY OFFICER
DATE :		COUNTER SIGNED :	
			HEAD OF DEPARTMENT/DIVISION