Name:		DOB:
Occupation and Company:		Gender: ☐ Male ☐ Female
Emergency contact name:		**OFFICE USE ONLY**
Emergency contact phone number:		**Outcome Achieved** ☐ Yes ☐ No
Host:		**Date Entered on Register:**
Number of children in your care on site:		

QUESTIONNAIRE	
1. What is the required PPE for your underground visit?	
2. What is the duration of the self contained self rescuer?	
3. When do you have to wear your self contained self rescuer?	
4. When would you use your self contained self rescuer?	
5. Do you have to turn your cap lamp on when exiting a vehicle underground?	☐ Yes ☐ No
6. If a person flashes their cap lamp in a side to side motion, what do you need to do?	
7. What is the emergency phone number?	
8. What is stench gas used for?	
9. As a visitor, are you permitted to drive a vehicle in the underground mine?	☐ Yes ☐ No
10. Which of these hazards could be found in the underground mine?	☐ Unsecure ground ☐ Rockfalls ☐ Explosives ☐ Electricity ☐ All of the above

VISITOR DECLARATION	
I have viewed and understood the Visitors' Induction Underground and undertake to abide by all rules and regulations as they apply to visitors of Ernest Henry Mine.	
Visitor's Signature:	**Date:** / /

ESCORT DECLARATION		
As the authorised Ernest Henry Mine Escort, I confirm that the above mentioned Visitor has been approved in correspondence with the *Ernest Henry Mine Visitor Authority Form*.		
Escort Name:	**Signature:**	**Date:** / /

OFFICE USE ONLY			
Security Office Name	**Signature**	**Cardax ID**	**Date**