Access Authority – Additional Signature

Additional Signature Sheet Number:	Field Access Authority Number:

This sheet shall be attached to the Access Authority by the APIC.

By signing on in the sections below. Persons are stating they understand the warnings and/or demonstrations given and their responsibilities under this Field Access Authority.

Persons required to work on this Access Authority								
I understand the Authority	warnings and/or d	lemonstr	ations giv	ven and my respor	sibilities under this	Access		
SIGN ON			SIGN OFF					
Person to whom this Access Authority is issued or transferred		I understand that Access under this Authority has been suspended						
Name	Signature	Time	Date	Signature SERVICEABLE Time			Date	
					Y□ N□			
					Y□ N□			
					Y□ N□			
					Y□ N□			
Other persons allocated to work on this Access Authority								
Name	Signature	Time	Date	Signature		Time	Date	



Persons required to work on this Access Authority						

This signature sheet is complete.

New signature sheet required YES / NO

Name	Signature	Time	Date