

Witness Signature

COVID-19 DECLARATION – PORT WORK (RESTRICTIONS ON ACCESS) DIRECTIONS

File ref: MAR93/
Version: 1.0 / 192412

Issue date: October 2021

l,		
_	(insert name, address and posi	tion / role)
2016	ve read the Exposed Port Worker (Restrictions on Access) Directions (WA) (Directions) and the Harbour Master direction of the Kowing declaration pursuant to the Directions.	
l dec	eclare that:	
1.	I am authorised to make this declaration on behalf of	
	(ins	sert name of employer/person in charge)
2.	The business has taken all reasonable and lawful steps to:	
	(a) Identify every employee or person it is in charge of	who is a port worker; and
	(b) Collect and maintain a record of vaccination status charge of.	of each port worker that it employs or is in
3. 4.	It is strongly recommended that you complete the attached workers the Business employs or is in charge of and who w Broome wharf and their vaccination status. It is also recommended an updated table will be provided to are any changes to the list of port workers who the Busines	ork in the Kimberley Port Authority's Port of Simberley Ports Authority as soon as there
5.	Kimberley Ports Authority will retain this register in a confidence of the first of port workers who the business	• •
6.	I believe that the statements in this declaration are true.	
Decl	clared at (insert place)	
Sign	nature D	Pate

Date



COVID-19 DECLARATION – EXPOSED PORT WORKER DECLARATION REGISTER

File ref:

MAR93/

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Employer	First name	Last name	D.O.B	Date of vaccination 1	Date of vaccination 2	Evidence of vaccination status	Category of exposed port worker	Exemption type (if applicable)	Date exemption expires