



Container Terminal, Breakwater Road, Dublin 1.  
Telephone (01) 607 5700. Fax (01) 607 5623

## HAULIER INDUCTION AND SAFETY PROCEDURES

Company Name	
Address	
Contact Name	
Contact Number	
Contact E-mail	
Driver Name	
	<b>BLOCK CAPITALS</b>
Driver ID	*
	<i>* To be inserted by DFT</i>

I hereby confirm the above named driver

1. Has read, fully understands and accepts the attached **Driver Rules of Entry Record Sheet** and has signed same.
2. Has viewed the following on the web portal <https://portal.dft.ie/resources.html>
  - a. **DFT Terminal Induction video**
  - b. **DFT Visitor Rule Book**
  - c. **Site Plan and Truck Driveway Layout**
3. Has familiarised themselves with the Health and Safety Authority (HSA) Code of Practice for Health and Safety in Dock Work at the below link  
[https://www.hsa.ie/eng/Publications\\_and\\_Forms/Publications/Docks\\_and\\_Ports/](https://www.hsa.ie/eng/Publications_and_Forms/Publications/Docks_and_Ports/)

We have carried out the above induction processes No. 1 to No. 3 to protect the Health and Safety of the above named driver in line with the Safety, Health and Welfare at Work Act 2005.

Signed on Behalf of:-

COMPANY NAME	
PERSON RESPONSIBLE	
POSITION	
	ALL BLOCK CAPITALS
Signature	

**Note: This form must to be signed off by a Director or person responsible for Health and Safety**

This Completed form accompanied by Driver Rules of Entry and Record Sheet to be sent to [DriverInductions@dft.ie](mailto:DriverInductions@dft.ie)