

LLE905A

Approval to Operate Plant and Equipment

Note: This form is not a confirmation of competency but an assessment to determine if authorisation to operate plant on the Project site is to be granted.

Project:					
Operators Name:					
Employer:		or 🗌 Plant Hirer 🗌			
Name of Subcontractor or Plant Hirer:	7,				
Duration of Employment of the Operator:	Years	Months:			
Plant Item:					
Operator's Experience on the Plant Item:	Years:	Months:			
Operators Signature:	1	Date:			
Operating Criteria					
Has the Operator been trained in the safe use and operation of the plant Yes No or equipment that you propose him/her to use on this Project?					
Does the Operator hold a Licence?					
If Yes: State of	Yes No				
Licence Number:					
Does the Operator hold a lf Yes: RTO Nu	Yes 🗌 No 🗌				
	nt Number				
A. Has the operator rece Training Organisation?	n a Registered Yes □ No □				
If Yes: RTO Number :					
B. Has the operator beer supervision?	ok, with appropriate Yes 🗌 No 🗌				

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Declaration of Employer's Representative: LLE/Succontractor/Plant Hirer

Delete whicheve	er is not applicable)						
I certify that the above named Operator has demonstrated safe and correct operation of the above mentioned plant and is authorised to operate the plant item or this project site.							
Signature:	Date:						
Print Name:	Position:						

Note: Where the above "Declaration" is completed by a Subcontractor or Plant Hirer Assessor the following is to be completed.

LLE Review of Subcontractor's or Plant Hirer's Operator

Does the Operator appear to understand the safe and correct operation of the plant and equipment?			Yes 🗌	No 🗌	
Signature:		Name:			
Position:		Date:			

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