



**CBTA**  
**Permit Holder**  
**SP/TRN/TM52**

**Candidate's Name:** \_\_\_\_\_

**Candidates Signature:** \_\_\_\_\_

**Assessor's Name:** \_\_\_\_\_

**Assessor's Signature:** \_\_\_\_\_

**Date Completed:**  CBTA  Reassessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

For first time candidates, the entire CBTA is to be completed. For the purposes of re-assessment only the demonstrative section requires completion.

**Written**

Question	Answer	Assessor check
Identify the four types of permit used at Iona		
Who is responsible for the work group under a permit to work?		
When is each type of permit required?		

Iona Gas Plant – CBTA Permit Holder Questions

When is a lift plan required?		
What are the requirements for working at heights?		
Why do you need to lock onto the CCP?		
What are ten hazards you may come across whilst working at Iona?		

Iona Gas Plant – CBTA Permit Holder Questions

Where are the muster point(s) at Iona?		
Who is responsible for ensuring the work group is competent to complete the tasks assigned?		
What are the site safety rules?		
What is the site standard PPE for Iona?		
What is your role when someone conducts a safety observation on your job?		

**Oral**

Question	Answer	Assessor check
Describe your duties as a permit holder		
Describe the duties of a fire watch		
Describe the duties of a standby person		
Describe the duties of work group members		
Describe what to do in case of emergency?		
Describe your actions in the case of an additional hazard being identified on the job		
Describe your response in the case of an incident occurring at the job site		
What are the specific controls required when undertaking an excavation?		
When is the site alarm tested?		

**Demonstrative**

Question	Assessor check
Demonstrate how to fill out a JHA for a task selected by your assessor	
Demonstrate how to bump and use a gas detector	
Demonstrate a pre job tool box talk	
Demonstrate how to check an isolation for a task selected by your assessor	

The candidate is assessed as being:

Competent

Not yet competent

Areas requiring improvement:

**For first time candidates only:**

Department Manager's name: \_\_\_\_\_

Department Manager's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_