



EXAMPLE DOCUMENT ONLY

**CBTA**  
**Safety Observations**  
**SP/TRN/TM76**

**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
Write the name of the procedure that covers the topic of Safety Observations.		
What are the four types of observations that can be considered a Safety Observation?		
Directly after making the observation, what will you make sure you put in-place?		
Whose duty is it to make sure Safety Observations are reported?		
According to the procedure and Safety Observation Booklet, what process will you take to make sure that the Safety Observation you've made is followed up?		
According to the Site Safety Rule Booklet, what must be completed to correctly identify the priority of a HSE Work Order?		
If a Safety Observation is defined as an incident, who is designated the responsibility for the incident investigation?		
Fill in the blanks. According to the Site Safety Rule, Lochard Energy operates a " ____ , ____ hazard identification approach.		

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**Oral**

Question	Assessor check	
Name the four Behavioural States that can lead to an incident occurring.		
There are four Behavioural Based Critical Errors that can lead to an incident occurring. What are they?		
Name four at risk actions relating to ergonomics that you can assess during a Safety Observation.		
Explain what actions will be undertaken based on an incident that has been rated as Severity Level 4.		
How much time do you have before a potential significant near miss must be reported to the PIC?		

**Demonstrative**

Question	Assessor check
Complete a Safety Observation	
Discuss with your Supervisor	
Using the Risk Matrix (HSE/GEN/PC23/FM02) rate the potential severity or severity	
Describe some of the preventative measures using the hierarchy of controls – Elimination to PPE	

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

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