



**DRILLSKILL
TRAINING**

CERTIFICATE

This is to certify that

APPLICANT

Has fulfilled the requirements for

**Certificate III
In
Drilling Operations
(RII31813)**

**Signed: Chief Executive
Officer**

**Date of Issue:
Document Number:**



A summary of the employability skills developed through this qualification can be downloaded from <http://employabilityskills.training.com.au>

For Verification or Enquiry of information contained in this Statement of Attainment contact DrillSkill Training on [08] 9209 9932



DrillSkill Training RTO: 51943



RECORD OF RESULTS

This is to certify that

APPLICANT

has fulfilled the requirements for

Unit Code	Unit Name	Achieved
BSBWHS301A	Maintain workplace safety	Competent
RIIRIS301D	Apply risk management processes	Competent
MSAPMSUP172A	Identify and minimise environmental hazards	Competent
RIICOM201D	Communicate in the workplace	Competent
TAEDEL301A	Provide work skill instructions	Competent
RIISAM209D	Carry out operational maintenance	Competent
RIINHB301D	Set up and prepare for drilling operations	Competent
RIIBEF301D	Run on-site operations	Competent
RIINHB308D	Conduct wireline core drilling	Competent
RIINHB323D	Conduct horizontal directional drilling	Competent
RIINHB209D	Assist guided boring	Competent
RIINHB211D	Assist mud rotary drilling	Competent

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Section 1 – Office use only (On completions upload into training register and send to HSE Department)

Assesse Legal Name: _____		<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
DOB: DD/MM/YYYY	/ Assesse <u>1</u> / _____	Signature: _____	Time: _____	
Employee No: _____	VOC No: <u>VOC -</u>	Card No: <u>-</u>		
I have read and understand the assessment requirements contained within Section 2.		Photo ID Validated	<input checked="" type="checkbox"/>	
I understand the appeals process. I have completed the theory assessment by myself.		Appeal Process	<input checked="" type="checkbox"/>	
I understand by signing this document I acknowledge I understand the training modules and will abide by the requirements. I have completed the feedback form.		Feedback Form	<input checked="" type="checkbox"/>	
		Card Issued	<input checked="" type="checkbox"/>	

VOCT no: <u>VOCT- 30101</u>	Verification of Competency: <u>HDD Operations</u>
Assessor Name: _____	TA Cert No: <u>CTF112/ 20120321</u>
DATE: DD/MM/YYYY	_____/_____/ <u>201</u> Signature: _____ Time: _____ : <u>00</u>

<input checked="" type="checkbox"/> COMPETENT	<input type="checkbox"/> NOT COMPETENT	Describe the additional training / requirements in detail
Assessor Comment: (Additional training required / suitable for additional training)	Overview: <u>Completed all aspects correctly.</u> Industry Expert: Name: _____ Sign: _____ Additional Comments: <u>Review at competency for 2017. Completed all aspects correctly. Understood all controls of hazards.</u>	

ASSESSOR COMPETENCY	C	NYC	Final Comment
Theory Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Excellent attitude towards safety and environmental aspects. Worked well when placed specific hazards before Nation. Approved for 2017</u>
PA1 - Identify Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PA2 - Documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PA3 - Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PA4 - Start Up Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PA5 - Operational Tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PA6 - Emergency Protocols	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PA7 - Shut Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional training required - Yes No (ensure the assesee understand why the additional training is required)

Additional training required to be deemed competent	Complete By