

SKILL NAME:	Rio Tinto Yarwun Elevated Work Platform Operation		
Select Qual/s:	COURSE ID:	30889300	
>11m Boom EWP 30888997 <input type="checkbox"/>	Scissor Lift 30888999 <input type="checkbox"/>		
Site Prerequisites:	RTAY Safe Work at Heights CTO <input type="checkbox"/>		
EMPLOYEE TO COMPLETE			
Name:			
SAP / Browz ID:			
Department:			
Contractor:	Yes	No	Company:
Current Licence Number:			Licence Expiry:
Copy of licence must be attached			

Employee
Signature: _____

Date: _____

*Assessor must select either RCC or Full assessment

<input type="checkbox"/> - RCC Assessment			
Recognition of Current Competence Questions Complete: <i>(RCC Self-Assessment, Section 1.0)</i>		<input type="checkbox"/> C	<input type="checkbox"/> NYC
Observation Checklist Critical Aspects Verified: <i>(Observation Checklist, Section 2.0)</i>		<input type="checkbox"/> C	<input type="checkbox"/> NYC
Important: When RCC is completed the Assessor/Leader is required to verify with a signature the Candidate is competent in the shaded critical aspects found in the Observation Checklist indicated by a *			
<input type="checkbox"/> - Full or First time CTO Assessment			
Observation Checklist Completed: <i>(Observation Checklist, Section 2.0)</i>		<input type="checkbox"/> C	<input type="checkbox"/> NYC
What If Analysis Completed: <i>(What If Analysis Questionnaire, Section 3.0)</i>		<input type="checkbox"/> C	<input type="checkbox"/> NYC
Important: For full assessment, all components in the relevant sections must be marked as either S or NYS			
AUTHORISED ASSESSOR TO COMPLETE			
Assessment Completed By: <i>(Holds TAE)</i>	Name:	Sign:	Date:
Assessor Position:	RTA Yarwun Employee: <input type="checkbox"/>	Contractor: <input type="checkbox"/>	
Content Expert: <i>(if required)</i>	Name:	Sign:	Date:
Result:	<input type="checkbox"/> Authorised to Operate		<input type="checkbox"/> Not Authorised to Operate
Assessment completed at: <i>Specify RTO (if applicable):</i>	<input type="checkbox"/> Yarwun Refinery		<input type="checkbox"/> External RTO
Comments:			

Completed document must be supplied to Employer for upload to BROWZ if Contractor
Forward to Learning & Development team for Yarwun Employees

LEARNING & DEVELOPMENT TO COMPLETE	
Administrator Signature:	Date:

Documentum File Name:			
Document Type:		Effective Date:	
Status:	Version:	Printed Date:	
Approved By:		Page:	