

SKILL NAME:	Rio Tinto Yarwun Articulated Truck CTO		
Select Qual/s:	COURSE ID:	N/A	
Water Truck 30902270 <input type="checkbox"/>	Haul Truck 30807709 <input type="checkbox"/>		
EMPLOYEE TO COMPLETE			
Name:			
SAP / Browz ID:			
Department:			
Contractor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Company:

Employee

Signature: _____

Date: _____

*Assessor must select either RCC or Full assessment

<input type="checkbox"/> - RCC Assessment			
Recognition of Current Competence Questions Complete: (RCC Self-Assessment, Section 1.0)		<input type="checkbox"/> C	<input type="checkbox"/> NYC
Observation Checklist Critical Aspects Verified: (Observation Checklist, Section 2.0)		<input type="checkbox"/> C	<input type="checkbox"/> NYC
Important: When RCC is completed the Assessor/Leader is required to verify with a signature/initial, on each line, that 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: (Observation Checklist, Section 2.0)		<input type="checkbox"/> C	<input type="checkbox"/> NYC
What If Analysis Completed: (What If Analysis Questionnaire, Section 3.0)		<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: (Holds TAE)	Name:	Sign:	Date:
Assessor Position:	RTA Yarwun Employee: <input type="checkbox"/>	Contractor: <input type="checkbox"/>	
Content Expert: (if required)	Name:	Sign:	Date:
Result:	<input type="checkbox"/> Authorised to Operate	<input type="checkbox"/> Not Authorised to Operate	
Assessment completed at: Specify RTO (if applicable):	<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:	Effective Date:
Document Type:	Printed Date:
Status:	Page:
Approved By:	