

SKILL NAME:	Rio Tinto Yarwun Conduct Roller Operations												
Select Qual/s:						COURSE ID:		30889292					
Under Training (Logbook) 31517033 <input type="checkbox"/>						Roller Operation 31299673 <input checked="" type="checkbox"/>							
EMPLOYEE TO COMPLETE													
Name:													
SAP / Browz ID:													
Department:													
Contractor:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		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 the Candidate is competent in the shaded critical aspects found in the Observation Checklist indicated by a *.			
<input checked="" type="checkbox"/> - Full or First time CTO Assessment			
Observation Checklist Completed: (Observation Checklist, Section 2.0)		<input checked="" type="checkbox"/> C	<input type="checkbox"/> NYC
What If Analysis Completed: (What If Analysis Questionnaire, Section 3.0)		<input checked="" 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:			