

9.3 Appendix 3 - Isolation Personnel Accreditation & Records Form

NOMINATION PERSON DETAILS		
Candidate name:		
Skill nominated for:		
PREREQUISITE CHECKLIST:		
Prerequisites Completed	Date Completed	Evidence attached
<input type="checkbox"/> Level 1 & Level 2 Induction <input type="checkbox"/> Level B (if required)		Yes / No
SUPERINTENDENTS, SPECIALISTS, SENIOR ENGINEERS ENDORSEMENT OF NOMINATION		
I (Superintendents, Specialists, Senior Engineers)		
Hereby endorse the nomination of (Candidate)		
for training and assessment in the skill of as detailed in STEPsafe Standard 46.03 Isolation Procedures		
Sign:		Date:
TRAINING ACCREDITATION HISTORY RECORDS		
Training Module	Date Completed	Evidence attached
<input type="checkbox"/> Isolation Training		Yes / No
<input type="checkbox"/> On-Job mentored experience		Yes / No
<input type="checkbox"/> Practical Assessment		Yes / No
SUPERINTENDENTS, SPECIALISTS, SENIOR ENGINEERS SIGN-OFF		
I have reviewed the training and assessment evidence attached and I am satisfied to request the Manager's authorisation for this nominated candidate		
Sign:		Date:
MANAGER AUTHORISATION		
I hereby authorise (Candidate Name)		
To conduct duties in the skill nominated above at CCT / KCT (strike out as required)		
Sign:		Date:
ACCEPTANCE OF AUTHORISATION		
I, (the Candidate)		
having successfully completed the required training for the nominated skill as noted above hereby accept this authorisation by the Manager and will conduct these duties to Port Waratah standards		
Sign:		Date:
TRAINING RECORDS (OFFICE USE ONLY)		
Records entered into Training database and filed in Port Waratah archiving system		
Initial:		Date:

Uncontrolled if printed or downloaded

42.03 ISOLATING PERSON/GROUP ISOLATING PERSON ACCREDITATION PROCEDURE

Version No:
4

Latest Review:
June 2017

Next Review Due:
June 2022

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Authorised by: General Manager Operations

