

## WORK SUPERVISOR CONTRACTOR SUPERVISOR CONTRACT ADMINISTRATION ACCREDITATION AND RECORDS FORM

| NOMINATION PERSON DETAILS  |   |  |
|--|---|--|
| Candidate Name:  |   |  |
| Skill Nominated For:<br><i>(Delete roles not nominated for)</i>            | <input type="checkbox"/> WORK SUPERVISOR <input type="checkbox"/> CONTRACTOR SUPERVISOR <input type="checkbox"/> CONTRACT ADMINISTRATOR |  |
| PRE REQUISITE CHECKLIST:   |   |  |
| Pre Requisites Completed   | Date Completed  | Evidence attached  |
| <input type="checkbox"/> Safety inductions (Level 1 & 2, Protected Person) |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| SUPERINTENDENT / SPECIALIST ENDORSEMENT OF NOMINATION   |
|---|
| <p>I ..... <i>(Superintendent/Specialist)</i></p> <p>Hereby endorse the nomination of.....<i>(Candidate Name)</i></p> <p>for training and assessment in the skill of Work Supervisor / Contractor Supervisor / Contract Administrator as detailed in <b>Work Supervisor / Contractor Supervisor / Contract Administrator Accreditation Procedure</b></p> <p><b>Sign:</b> _____ <b>Date:</b> _____</p> |

| EVIDENCE OF SKILL & COMPETENCIES  |                |                   |    |
|---|----------------|-------------------|----|
| Training Module (if applicable)   | Date Completed | Evidence attached |    |
|   |                | Yes               | No |
| <input type="checkbox"/> Safety Interaction   |                |                   |    |
| <input type="checkbox"/> Toolbox talks  |                |                   |    |
| <input type="checkbox"/> Incident management and emergency response   |                |                   |    |
| <input type="checkbox"/> PWCS HR management procedures (drug & alcohol, Fatigue, Fitness for work)                |                |                   |    |
| <input type="checkbox"/> Maximo - Work Flow module  |                |                   |    |
| <input type="checkbox"/> Maximo – CPAS (labour contracts) module  |                |                   |    |
| <input type="checkbox"/> Work Supervisor  |                |                   |    |
| <input type="checkbox"/> Competency Assessment (Work Supervisor / Contractor Supervisor / Contract Administrator) |                |                   |    |

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OE Work Supervisor Contractor Supervisor Contract Admin Accreditation and Records Form

|              |               |                           |                             |                               |
|--------------|---------------|---------------------------|-----------------------------|-------------------------------|
| Review No: 2 | Version No: 2 | Latest Review: March 2014 | Next Review Due: March 2015 | Document ID: PWCS_UCM_P513504 |
|--------------|---------------|---------------------------|-----------------------------|-------------------------------|

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SUPERINTENDENT / SPECIALIST AUTHORISATION

I have reviewed the training and assessment evidence and I am satisfied the nominated candidate has been assessed as competent and able to perform the role of Work Supervisor / Contractor Supervisor / Contract Administrator (select the nominated role).

I hereby authorise ..... (Candidate Name)

to conduct duties in the skill nominated above at CCT / KCT (select the nominated terminal).

Accountability limitations are as follows:.....

Name: ..... Date: .....

Sign: .....

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 Superintendent / Specialist and will conduct these duties to PWCS standards.

Sign: ..... Date: .....

TRAINING DEPARTMENT RECORDS (OFFICE USE ONLY)

Records entered into Training database and filed in PWCS archiving system.

Training Department to notify Security to upgrade Induction Card status from Contractor to Contractor Supervisor.

Initial: ..... Date: .....

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