

Maintenance Straddle Carrier Verification of Competence (VOC)

		<i>Signature</i>
<i>Employee No.</i>	<i>Location VOC administered</i>	<i>Date VOC administered</i>

Assessment Result:

Is follow up action required? YES / NO (tick one)

Date follow up action completed 22.10.2019

When assessment has been completed satisfactorily, sign off by completing the following:

Assessor Name (Print) *Sign* *Date*

Document Review

Name	Title	Approval Date
Elizabeth Pinkerton	HSE Manager	10/04/2018

Change History

Version	Date	Author	Comments

Review Timeline

Version	Review Due Date (no later than)

Instructions for Completing the VOC

What is the VOC for?

A Verification of Competence (VOC) can be used to assess accredited or non-accredited (internal/enterprise) competencies.

Recording outcomes in the practical VOC

The VOC has space for the Assessor to record that the employee has been observed carrying out each listed procedure or task correctly (**S**), that some form of remedial action is required (**R**) or that the task has not been reviewed (**NA**). The following table describes how to use the columns for recording outcomes.

Column	This means....
S	The task was observed being performed: <ul style="list-style-type: none">• safely• correctly and to the required Patrick standard• at the appropriate time
R	The Assessor considers that part or the entire task was not performed satisfactorily and that some form of remedial action is required. Where appropriate, additional information should be included in the Comments column.
NA	The Assessor was unable to check the task at the time of the review.



Important information

If you are administering the VOC, you must NOT sign a procedure / task as correct (S) unless you are confident that the person being checked can perform the procedure / task safely and unsupervised in all situations and conditions.

Comments area

Where appropriate, the Assessor should add comments in relation to what was observed during the evaluation.

Remedial action

If the Assessor administering the VOC observes any of the procedures or tasks being performed incorrectly, they must recommend remedial action when completing the Results Summary.

Suggestions for remedial action should be discussed with the appropriate line manager and the employee concerned.

The codes to be used to specify the remedial action necessary are described in the following table.

Code	This means....
PB	The person requires further briefing on the task or procedure.
TR	The person requires remedial training , either on job training using the applicable On Job Workbook, or both off and on job training using appropriate refresh packages/ on the job mentoring.
PM	The person requires performance management .
O	Other possible remedial action - to be detailed in the Summary Result / Action Plan.

Summary / Action Plan Form

After the VOC has been administered, the performance reviewer should complete the **Summary / Action Plan Form** at the end of this document.

The completed form must include:

- The employee's details
- Outcomes for each section
- Suggested remedial action (if needed) for discussion with the line manager and the employee

If Remedial action is needed, The *Action Plan* must be signed, dated and discussed by the:

- Assessor
- Line manager
- Employee

When is the VOC complete?

A VOC is complete for an employee when:

- **All** procedures / tasks have been assessed as being performed correctly (S) and all areas of the VOC have been signed and dated

Who administers the VOC?

The assessments of the VOC can **only** be administered and signed off by an approved Assessor who should:

- Hold the relevant Enterprise Competency
- Have completed TAE40110 – Certificate IV in Training and Assessment

The role of the person administering the VOC

It is the role of the person administering the VOC to:

- Be able to perform to approved standards, all the procedures being checked
- Know, and be able to carry out any current local procedures related to the tasks to be checked
- Closely observe the employee's performance of the procedures / tasks to ensure the safety of all personnel and the correct performance of the procedures / tasks
- Make recommendations for remediation in consultation with the employee and the appropriate line manager, if a procedure is not being completed correctly
- Submit the completed to the appropriate line manager for sign off

When the VOC is complete:

- must be scanned and filed electronically;
- original hardcopies must be filed in the employees training file;
- a copy offered to the employee; and
- the outcome recorded into PeopleSoft/Training matrix

<i>S = performed correctly</i>	<i>R = remedial action required</i>			<i>NA = not applicable</i>
Procedure or Task	S	R	NA	Comments
Section 1: Plan work for the current working conditions				
1.1. Patrick identification card and where required: <ul style="list-style-type: none"> • MSIC / site specific induction/ Security card/s • correctly attired in required Patrick uniform and required PPE (or has available for use)..... 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Note VC if task was not witnessed but verbally confirmed
1.2. Conducts working area checks, identifies weather conditions, hazards & adopts appropriate control measures.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3. Identify and locate the following at the site: <ul style="list-style-type: none"> • fixed and other relevant signs, signals and indicators (e.g. traffic signs)..... • obstructions (e.g. barriers) • approved traffic flow • pedestrian walkways 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4. Locate (or indicate location of) the following documentation: <ul style="list-style-type: none"> • manufacturer's operating manual for load lifting equipment • Patrick approved load lifting procedures (SWI's) • Patrick approved Dangerous Goods handling and storage procedures • Patrick approved faulty equipment reporting procedures • Patrick approved incident reporting procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 2: Safety Checks and Procedures				
2.1. Completes ground level checks including: <ul style="list-style-type: none"> • Tyre and wheel condition..... • Fluid leaks..... • Steering assembly..... • Objects around straddle..... 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Note VC if task was not witnessed but verbally confirmed

<i>S = performed correctly</i>	<i>R = remedial action required</i>			<i>NA = not applicable</i>
Procedure or Task	S	R	NA	Comments
2.2. Climb access ladder safely using 3 points of contact.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3. Checks before operation:				
• All warning devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Communication systems.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Ensure radio is on YARD channel.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Brakes, steering and transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Spreader condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Windscreen/ windows clean.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Seat adjustment.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Conduct trial lift	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Removes or reports any hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• seatbelt worn whilst operating straddle.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: General Straddle Operation				
3.1. Travelling:				* Note VC if task was not witnessed but verbally confirmed
• Travels at a safe speed consistent with road conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Slows down before approaching a turn (50% of straight line travelling speed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Gives way to all traffic when exiting all container rows and at intersections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2. Travels with spreader at appropriate height on roadways (1 st mark).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3. Adjusts spreader height to provide adequate clearance when moving over object (trailer / container / container stand).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4. Operate lifting, lowering equipment correctly with smooth controls.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5. When lifting, driver ensures load centralised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Procedure or Task	S	R	NA	Comments
3.6. Stop equipment immediately in the event of a safety incident or emergency (explain procedure): <ul style="list-style-type: none"> implement Patrick emergency procedures report any incidents or emergencies 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.7. Use Patrick approved procedures in all two way radio communications.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.09. Constantly assess and anticipate: <ul style="list-style-type: none"> traffic flow work area conditions safe operation people movement damage to equipment damage to loads damage to facilities 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Procedure or Task	S	R	NA	Comments

Section 4: Shut Down and Parking				
5.1. Shut down and parking the straddle: <ul style="list-style-type: none"> Parks at the designated parking bay Uses correct straddle shut down procedure .. Leaves the cabin clean and tidy for the next operator 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Note VC if task was not witnessed but verbally confirmed

Summary / Action Plan Form

Employee Information	
Name: _____	Employee No: _____
Classification: _____	Location: _____

Information	
Equipment Assessed: Straddle No.	
Vehicle No: _____	
Location: _____	

Section of	Remedial Action					Comment
	S	PB	TR	PM	O	
1. Plan work for the current working conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Safety Checks And Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. General Straddle Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Shut Down and Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- S = the procedure was performed correctly
- PB = the person requires further briefing
- TR = the person requires remedial training starting with on job training using the On Job Workbook
- PM = the person requires performance management
- O = other appropriate action

ACTION PLAN AGREEMENT

Report / Comments	/
What will be done?	
Who will do it?	
When will the action be complete?	

The person may continue operating a Straddle Carrier while remedial action is taking place.

Or...

The person cannot operate a Straddle Carrier until remedial action is complete.

I have read the action plan outlined above and agree that it is an appropriate outcome for this person based on the result of this assessment.

Assessor Name	Signature	Date
Line Manager Name (Optional)	Signature	Date
Employee Name	Signature	Date

