



RIIMEX302D Assess Ground Conditions
Assessment

Training in this competency must be approved by the relevant Supervisor / Superintendent / Manager and the MCPL HST Superintendent PRIOR to the commencement of training.

Training Approved by:	Signature:	Date:
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Trainee Details (all sections are to be filled in)

Name:	Date of Birth:	Company Name:
Assessment Type: FULL <input type="checkbox"/> RPL <input checked="" type="checkbox"/> RCC <input type="checkbox"/>	Equipment Type / Model:	Assess Ground Conditions

The Coal Mine Worker confirms that they have received and understood the MCPL SOP's and procedures that are relevant to the job role and will follow them while undertaking the tasks associated with this authorization. The Coal Mine Worker understands that they are to contact their Supervisor should then not feel confident to undertake a task at the mine.

Trainee Signature:	Date:
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Trainer Details

Is the Trainer the same person as the Assessor Yes No If YES only the ASSESSOR details need to be completed (for RPL / RCC assessments only).

TAA Name:	Company Name:				
AQF Level Requirement:	<input type="checkbox"/> Operated / Trained / Assessed relevant to this unit of competency <input type="checkbox"/> Attended and participated in technical or operator training courses <input type="checkbox"/> Attained higher level qualification or other qualifications <input type="checkbox"/> Conducted maintenance and / assembly of equipment	Date: Date: Date: Date:	AQF level met: AQF level met: AQF level met: AQF level met:	Y Y Y Y	N N N N
Confirmation	I confirm that I have demonstrated the performance and knowledge evidence as outline in the unit of competency as per the AQF requirements. If 'N' contact Supervisor.				
TAA Signature:	Date:				

Assessor Details

Assessor Name:	Company Name:				
AQF Level Requirement:	<input checked="" type="checkbox"/> Operated / Trained / Assessed relevant to this unit of competency <input type="checkbox"/> Attended and participated in technical or operator training courses <input type="checkbox"/> Attained higher level qualification or other qualifications <input type="checkbox"/> Conducted maintenance and / assembly of equipment	Date: Date: Date: Date:	AQF level met: AQF level met: AQF level met: AQF level met:	Y Y Y Y	N N N N
Confirmation	I confirm that I have demonstrated the performance and knowledge evidence as outline in the unit of competency as per the AQF requirements. If 'N' contact Supervisor.				
Assessor Signature:	Date:				

Assessment Confirmation and MCPL Authorisation

Competency Result: Competent Not Yet Competent

	Name	Signature	Date
Trainee:			
Trainer:			
Assessor:			
Training Verification:			
SSE Delegate Signature:			