



# STATEMENT OF COMPLETION

**This is to certify that  
Worker Name**

**has attained**

**Middlemount Training Plan**

XX XXX XXXX

## DELIVERED COMPETENCIES

Generic.Course.Geotechnical Awareness  
Generic.Course.Hazard Identification  
Generic.Course.Social Media  
Site.Induction.MOP 35 Emergencies  
Site.Induction.MOP 37 Fire  
Site.Induction.MOP 38 First Aid  
Site.Induction.MOP 41 Alcohol  
Site.Induction.MOP 42 Personal fatigue and other physical and psychological impairment and drugs  
Site.Induction.MOP 6 Risk management  
Site.Induction.MOP 70 Safe access to plant  
Site.Induction.MOP 89 Dust  
Site.Induction.MOP 90 Ladders, steps and elevated walkways  
Site.Induction.MOP 91 Noise  
Site.Induction.MOP 98 Reporting and Rectifying Defects  
Site.SOP.37 (3) Action to be taken when a fire is discovered  
Site.SOP.56 Using hazardous substances  
Site.SOP.65 Personal Protective Equipment  
Site.SOP.72 (d) Carrying persons in mobile plant  
Site.SOP.78 Isolation and tagging  
Site.SOP.94 Checking and examining work areas