



Self-Rescuer Familiarisation

Assessment – Draeger Oxy 6000

Training must be approved prior to the training commencing. Trainer and Assessors must ensure that this section is complete before the Trainee completes / starts this assessment.

| | | | | | |
|------------------------|--|------------|--|-------|--|
| Training Requested by: | | Signature: | | Date: | |
| Training Approved by: | | Signature: | | Date: | |

Trainee Details (all sections are to be filled in)

| | | | | | |
|--|--|-------------------------|-------------------------------|---------------|--|
| Name: | | Date of Birth: | | Company Name: | |
| Assessment Type: | FULL <input checked="" type="checkbox"/> | Equipment Type / Model: | Draeger Oxy 6000 Self Rescuer | | |
| 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: | | | |

Trainer Details

| | | | |
|--------------|---|---------------|--|
| TAA Name: | | Company Name: | |
| Confirmation | I confirm that I have demonstrated the performance and knowledge evidence as outline in the unit of competency. | | |

Assessment Confirmation and MCPL Authorisation

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|-------------------------|---|--|--|------|
| Competency Result: | <input checked="" type="checkbox"/> Competent | | <input type="checkbox"/> Not Yet Competent | |
| | Name | | Signature | Date |
| Trainee: | | | | |
| Trainer/Assessor: | | | | |
| Training Verification: | | | | |
| SSE Delegate Signature: | | | | |