

Contact details for occupational health and safety authorities

Jurisdiction	Contact details
New South Wales	WorkCover NSW Ph: (02) 4321 5000 Fax: (02) 4325 4154 Web: www.workcover.nsw.gov.au
Queensland	Workplace Health and Safety Queensland Ph: 1300 369 915 or 1800 177 717 Web: www.whs.qld.gov.au
Victoria	WorkCover Victoria Ph: (03) 9641 1444 or 1800 136 089 Fax: (03) 9641 1222 Web: www.workcover.vic.gov.au
Australian Capital Territory	ACT WorkCover Ph: (02) 6205 0200 Fax: (02) 6205 0366 Web: www.workcover.act.gov.au
Northern Territory	WorkSafe NT Ph: (08) 8999 5010 Email: ntworksafe.deet@nt.gov.au Web: nt.gov.au/deet/worksafe
Tasmania	Workplace Standards Tasmania Ph: (03) 6233 7657 Fax: (03) 6233 8338 Email: wstinfo@dier.tas.gov.au Web: www.wst.tas.gov.au
South Australia	WorkCover South Australia Ph: 13 18 55 Fax: (08) 8233 2466 Web: www.workcover.com
Western Australia	WorkSafe Ph: (08) 9327 8728 Fax: (08) 9321 8973 Email: certifi@docep.wa.gov.au Web: www.safetyline.wa.gov.au/

**Learners/Trainees
Name:**

It is the responsibility of the learner/trainee to ensure the
Training Record Logbook is kept up to date

TRAINING RECORD BOOK

LOG BOOK For Prescribed Occupations



**NOHSC 7019 Guideline
NOHSC 1006 Licensing Standard**

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**** 1. Where the applicant is from an employment agency then the employment agency will complete the employer's declaration. 2. Where the applicant is off the street and unemployed then the Registered Training Organisation (RTO) is responsible for completing the employers declaration.**

Information and Instruction

What is a prescribed occupation?

A prescribed occupation includes users and operators of potentially hazardous equipment who are required to have appropriate industry experience to ensure they have had minimal appropriate training in the safe use and operation of the equipment.

What is an appropriate authority?

An appropriate authority is a certificate that allows a person, including trainees, to perform work in a prescribed occupation.

What is the training log book for?

The training log book is designed to record details of training activities you perform under supervision in a prescribed occupation.

Who provides my training and supervision?

It is the responsibility of each employer to provide training and supervision to each worker who is required to perform work in a prescribed occupation.

When you are being trained in a prescribed occupation you must be supervised by a person who has the appropriate authority to perform work in the prescribed occupation for which you are being trained.

Information for the learner

The Training Record Logbook is an important document you must keep throughout your training. It contains a record of all competencies required for the national qualification and needs to be signed by you, your Immediate

Supervisor and the assessor as each competency is achieved.
During your period of training you must:

- Keep your Training Record Logbook updated;
- Produce your Training Record Logbook when requested by a regulatory or training authority.

Your Training Record Logbook is yours to keep and may be used to:

- Show employers the training you have completed;
- Gain credit or exemptions in another training course; and
- Assist in preparing future job applications.

Assessment

Requires that you have the supporting knowledge and skills to enable you to meet industry standards and adapt to new situations and workplaces.

Assessment will be fair and non-discriminatory. How you will be assessed and what the assessor will be looking for will be made clear to you in the Training Record Logbook.

It is essential that:

- Your Immediate Supervisor signs off that you can do the tasks outlined in the Training Record / Logbook;
- Your Immediate Supervisor monitors your progress on the range of tasks undertaken;
- The Registered Training Organisation ensures that you have a full understanding of the supporting theory behind the tasks; and
- Validates your Immediate Supervisor's assessment.

Your Immediate Supervisor should evaluate your performance continually by:

- Observing you perform and practise tasks on the job;
- Discussing your progress with co-workers;
- Asking you questions about the tasks you are performing on the job;
- Revising client comments on the quality of the completed job;
- Checking the quality of progress of your work;
- Setting up projects;
- Asking you to explain how you perform the tasks; and
- Ensure specific state/territory obligations under the occupational health and safety legislation has been met.

The Training Record Logbook divides the competencies into workplace tasks. Your employer must ensure that you have learnt and practiced the work to industry and company standards, and applied workplace health and safety practices.

Notes for the learner

When you are satisfied you have been trained, supervised on the job and assessed in the Performance Criteria of each unit, initial and date against each performance criteria. This signifies you are satisfied that you can perform this task.

Credit transfer

Credit transfer is the credit awarded for competence achieved by taking part in another training program. If you have already been assessed as competent in any of the units identified you should provide evidence of this to the registered training organisation and your Immediate Supervisor so that credit transfer can be applied.

Recognition of prior learning

Due to the high risk nature of this activity recognition of prior learning must include a **challenge test** in accordance with the activities outlined in the assessment details in the unit of competency which integrates the occupational health and safety authority assessment requirements (including assessment instruments).

Receiving the qualification on completion of satisfactory training and assessment components

When you have completed all training and assessment requirements of the unit of competency and attained the Statement of Attainment you have 60 days to lodge the application along with other documentation with Occupational Health and Safety to obtain a licence.

Your RTO may lodge your paperwork on your behalf to OHS and collect the appropriate fees for your licence to be issued by OHS.

Note:

An immediate supervisor is the person who holds the appropriate licence and directly supervising the learner/trainee whilst undertaking on the job training.

EXAMPLE: TRAINEE OPERATOR RISK ASSESSMENT

LOCATION OF ASSESSMENT	
Assessed By (1) PRINT	(2) PRINT
Signature (1): (2)	
Supervisors Licence/Ticket Number: Date Of Issue:	
Date of Assessment:/...../..... Time:AM/PM	
Type of Machine: Registration/Plant Number:	
Hours Operated by Trainee at Time of Assessment:	

PURPOSE:

RISK ASSESSMENT CALCULATOR

The purpose of this document is to assess if a trainee operator needs **High / Medium or Low levels of supervision** in their workplace environment.

DEFINITION:

RISK PROCESS: Identify - Assess - Control

Hazard: A hazard is a source of potential harm or a situation with the potential to cause loss.

Risk: A chance that an event will occur which will result in personal injury or loss to the employer.

ASSESSMENT PROCEDURES:

	CONSEQUENCES				
	<i>Insignificant No Injury, <u>0 - low</u> Trainee/Learner</i>	<i>Minor First Aid Injury <u>Low- medium-</u></i>	<i>Moderate Medical Treatment <u>medium - high</u></i>	<i>Major Serious Injuries, <u>major</u></i>	<i>Extreme Death, <u>huge</u></i>
LIKELIHOOD					
Almost Certain: <i>is expected to occur at most times</i>	H	H	E	E	E
Likely: <i>will probably occur at most times</i>	M	H	H	E	E
Possible: <i>might occur at some time</i>	L	M	H	E	E
Unlikely: <i>could occur at some time</i>	L	L	M	H	E
Rare: <i>may occur in rare circumstances</i>	L	L	M	H	E

EXAMPLE

Code: **E** – Extreme Risk, **H** – High Risk, **M** – Moderate risk, **L** – Low risk

1. Has the trainee been instructed on safe operation of the machine?
Yes/No
2. Is the trainee aware of their responsibilities to the act concerning safe operation?
Yes/No
3. Has the trainee shown due diligence whilst operating in the past?
Yes/No
4. Is the trainee aware of workplace hazards that can be involved in the operation of this machine?
Yes/No
5. In your opinion can the trainee operate with a **High / Medium or Low level of supervision?**
Yes/No

ASSESSMENT PROCEDURES:

		CONSEQUENCES				
LIKELIHOOD	<i>Insignificant No Injury, <u>0 - low</u> Trainee/ Learner</i>	<i>Minor First Aid Injury <u>Low- medium-</u></i>	<i>Moderate Medical Treatment <u>medium - high</u></i>	<i>Major Serious Injuries, <u>major</u></i>	<i>Extreme Death, <u>huge</u></i>	
Almost Certain: <i>is expected to occur at most times</i>						
Likely: <i>will probably occur at most times</i>						
Possible: <i>might occur at some time</i>						
Unlikely: <i>could occur at some time</i>						
Rare: <i>may occur in rare circumstances</i>						

Code: E – Extreme Risk, **H** – High Risk, **M** – Moderate risk, **L** – Low risk

Section of log book to be completed by learner – ADDITIONAL INFORMATION TO BE PROVIDED BY APPLICANT, EMPLOYER & ASSESSOR - REFER PAGE 16,17,18

LEARNER / TRAINEE DETAILS

Name: Billy JOHNSTON

EXAMPLE

Address: 24 Upshot RD

DOWNTOWN Postcode 4000

Telephone: 07 - 123456 DOB: 02/06/1949

EMPLOYERS DETAILS:

Company Name	Contact	Address	Telephone
Smith & Sons	John Smith	21 Simon Street DOWNTOWN QLD	07 - 56213471

IMMEDIATE SUPERVISORS DETAILS:

Name	Appropriate Authority Prescribed Licence No.	Address	Telephone
John Hill	CT Tower Crane No1231456	55 Johnston St Southport QLD 4215	07 - 89562312

Example – crane operator

Date	Type of work performed	Type of equipment operated or used	Immediate Supervisor's signature
02/06/05	<ul style="list-style-type: none"> - set up mobile crane and extended lattice boom - erect steel work for portal frame warehouse - dismantle lattice boom of mobile crane – lattice boom mobile crane 	<ul style="list-style-type: none"> - lattice boom mobile crane 	<i>R. Porter</i>

Example – Scaffolder

Date	Type of work performed	Type of equipment operated or used	Immediate Supervisor's signature
06/06/00	- erect heavy duty tube and coupler independent scaffold to two story walk-up	- tube and coupler independent scaffold	<i>R. Porter</i>

The learner has completed training in Intermediate Scaffolder and is ready for assessment.

Date: 23/01/01 Immediate Supervisor: R. Porter

Learner/Trainee

Name: _____

Address: _____

Telephone: (____) _____ DOB: _____

Employers

Company name	Contact	Address	Telephone

Immediate Supervisors

You must have a record of this information on all people who supervise you.

Name	Appropriate authority (licence number)	Signature	Contact details

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE: The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE: The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE: The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE: The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE: The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE: The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE: The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

Date	Type of work performed	Hours & Type of equipment operated or used – Serial Number or Registration Number or Plant Number	Immediate Supervisor's Signature and licence number and expiry date

Complete when appropriate:

The trainee has completed training in _____ and is ready for assessment.

Total Hours _____ Date: _____

Immediate Supervisor: _____

NOTE:

The trainee must be supervised until successfully achieving competency and holder of a license issued by OHSQ

OHSCER..... (Course Code & Name)

RTO to Enter Performance Criteria Elements (DETAILS) prior to issuing to Learner

Element 1.		Performance Criteria	
Plan and prepare for etc (Tick each performance criteria when addressed)			
	1.1		
	1.2		
	1.3		
	1.4		
	1.5		
	1.6		
	1.7		
	1.8		
	1.9		
	1.10		
Learner's Name		Immediate Supervisor's Name	Assessor's Name
Learner's Signature		Immediate Supervisor's Signature	Assessor's Signature
/ / 200		/ / 200	/ / 200
Element 2.		Performance Criteria	
Conduct pre-operational routine checks (Tick each performance criteria when addressed)			
	2.1		
	2.2		
	2.3		
	2.4		
	2.5		
	2.6		
Learner's Name		Immediate Supervisor's Name	Assessor's Name
Learner's Signature		Immediate Supervisor's Signature	Assessor's Signature
/ / 200		/ / 200	/ / 200
Element 3.		Performance Criteria	
Conduct post-start up checks (Tick each performance criteria when addressed)			
	3.1		
	3.2		
	3.3		
	3.4		
Learner's Name		Immediate Supervisor's Name	Assessor's Name
Learner's Signature		Immediate Supervisor's Signature	Assessor's Signature
/ / 200		/ / 200	/ / 200

Element 4.	Performance Criteria	
(Tick each performance criteria when addressed)		
	4.1	
	4.2	
Learner's Name	Immediate Supervisor's Name	Assessor's Name
Learner's Signature	Immediate Supervisor's Signature	Assessor's Signature
/ / 200	/ / 200	/ / 200

Element 5.	Performance Criteria	
Perform (Tick each performance criteria when addressed)		
	5.1	
	5.2	
	5.3	
	5.4	
	5.5	
Learner's Name	Immediate Supervisor's Name	Assessor's Name
Learner's Signature	Immediate Supervisor's Signature	Assessor's Signature
/ / 200	/ / 200	/ / 200

Element 6.	Performance Criteria	
Shut down and secure (Tick each performance criteria when addressed)		
	6.1	
	6.2	
	6.3	
	6.4	
Learner's Name	Immediate Supervisor's Name	Assessor's Name
Learner's Signature	Immediate Supervisor's Signature	Assessor's Signature
/ / 200	/ / 200	/ / 200

PART A:

APPLICANT'S DETAILS

PLEASE USE BLOCK LETTERS AND PRINT CLEARLY

Mr Mrs Miss Ms Dr Other

Surname: _____ Given Names: _____

All formal names (eg MAIDEN NAME, ALIASES, CHANGE OF NAME BY DEED POLL)

Former surname: _____ Former given names: _____

Current postal address: _____

Telephone: Home: _____ Work: _____

Mobile: _____

Date of Birth _____ / _____ / _____ Male Female

Place of Birth: Town/City: _____ State: _____ Country _____

PART B: - 1- EMPLOYERS DETAILS

Name of Employer: _____

Address of Employer _____

Contact person: _____ Position: _____

Phone: _____ Fax: _____

Email: _____

PART B - 2 - EMPLOYERS DECLARATION

MUST SIGHT ONE DOCUMENT FROM LIST ONE AND TWO FROM LIST TWO – ONE DOCUMENT MUST SHOW THE APPLICANT’S SIGNATURE

The applicant must provide documentation, which supports his or her true identity, the employer must sight one original document from **List 1** and **two original** from **List 2**, all documents must be originals, photocopies are not acceptable. **Please note** if the applicant is unable to provide an identification document from either list, a statutory declaration is available upon request.

One of the documents sighted **must show the applicant’s signature** and preferably his or her current address.

PROOF OF IDENTITY DOCUMENTS

LIST ONE (One Document)	LIST TWO (Two Documents)
Current Australian driver’s licence with photograph or 18+ card (or equivalent) Licence No:	Current Medicare card
Birth certificate (extract will suffice) Reference No:	Pension Concession Card, Department of Veteran’s Affairs entitlement card, Senior’s Health Card or any other current entitlement card issued by the Commonwealth or State Government
Current Australian passport issued by the Australian Passport Office or an Australian passport that expired within the last two years Passport No:	Current credit card, or account card from a bank, building society or credit union
Current overseas passport or overseas passport that has expired within the last two years:	Passbook from a bank, building society or credit union
Australian naturalisation or citizenship document or immigration papers issued by the Commonwealth Department of Immigration and Multicultural and Indigenous Affairs Reference No:	Telephone, gas or electricity bill up to one year old, where name and address match those on this application

I understand that it is a serious offence to make a deliberately false or misleading statement.

Full Given Name of Applicant/Leaner: -----

Name of Employer/Organisation’s Representative: _____

Signature of Employer/Organisation’s Representative: _____

Date: _____ / _____ / _____

If self employed this information provided by the applicant

PART C: APPLICANTS DECLARATION

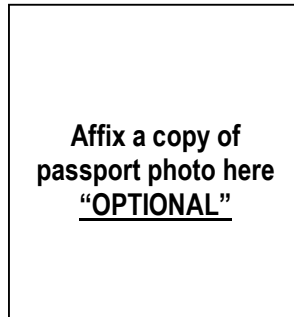
I declare that the details provided by me in this application and the documents shown to my employer proving my identity are true and correct.

Applicants Signature

Applicants Full Name:

Date :

/ /



I declare that and to the best of my knowledge that the applicant named and photograph above (*where available*) is the person being assessed.

(Assessors Name + Licence Number - Please Print)

(Assessors Signature)

/ /

Prescribed occupations

Workplace Health and Safety Queensland issues 37 types of certificates for the six types of prescribed occupations.

The appropriate authority (certificates) and a brief outline of their scope are as follows:

Occupation code and prescribed occupations

Dogging

DG Dogger includes selection or inspection of lifting gear and the slinging and movement of loads handled by the crane.

Rigging

RB Basic rigger includes movement of plant and equipment and steel erection.

RI Intermediate rigger includes equalizing gear, tile slabs and rigging of cranes.

RA Advanced rigger includes gin poles, suspended and fabricated hung scaffolds.

The RA certificate encompasses the DG, RB and RI certificates.

The RI certificate encompasses the DG and RB certificates.

The RB certificate encompasses the DG certificate.

Scaffolding

SB Basic scaffolder includes prefabricated and bracket (tank and formwork scaffolds).

SI Intermediate scaffolder includes tube and coupler, spurred and cantilever scaffolds.

SA Advanced scaffolder includes suspended and tube/wire rope/chain hung scaffolds.

The SA certificate encompasses the SB and SI certificates.

The SI certificate encompasses the SB certificate.

The 'Competency Standard' for dogging, rigging and scaffolding is contained in 'Schedule A' of the National Standard NOHSC : 1006.

Crane or hoist operation

- CT** Operator of a tower crane
- CD** Operator of a derrick crane
- CP** Operator of a portal boom crane
- CB** Operator of a bridge or gantry crane (other than operation by a remote control having not more than 3 powered operations)
- CV** Operator of a vehicle loading crane with a capacity of 10 metre tonnes or more
- CN** Operator of a non-slewing mobile crane with a capacity of more than 3 tonnes
- C2** Operator of a slewing mobile crane with a capacity of 20 tonnes or less
- C6** Operator of a slewing mobile crane with a capacity of 60 tonnes or less
- C1** Operator of a slewing mobile crane with the capacity of 100 tonnes or less
- C0** Operator of a slewing mobile crane with a capacity of more than 100 tonnes
- HM** Operator of a materials hoist with a cantilever platform
- HP** Operator of a materials or personnel hoist
- WP** Operator of a boom-type elevating work platform with a boom length of 11 metres or more
- PB** Operator of a mobile truck mounted concrete placing boom with a knuckle boom capable of power operated slewing and luffing
- CS** Crane Self Erecting
- The CN certificate includes non-slewing articulated mobile cranes.
- The C0 certificate encompasses the CV, CN, C2 and C6 and C1 certificates.
- The C1 certificate encompasses the CV, CN, C2 and C6 certificates.
- The C6 certificate encompasses the CV, CN, and C2 certificates.
- The C2 certificate encompasses the CV and CN certificates.
- The 'Competency Standard' for crane and hoist operation is contained in 'Schedule B' of the National Standard NOHSC:1006.

Pressure equipment operation

- BB** Basic boiler operator (boilers with single fixed air supply, non-modulating single heat source and fixed firing rate)
- B1** Intermediate boiler operator (boilers with modulating air supply or heat source or super heaters or economizers)
- BA** Advanced boiler operator (*multiple fuel boilers which may be fired*)

simultaneously)

- T0 Turbine operator with power output of 500kW or more
- ES Reciprocating steam engine operator with a piston diameter of more than 250mm

The BA certificate encompasses the BB and B1 certificates.

The B1 certificate encompasses the BB certificate.

The 'Competency Standard' for pressure equipment operation is contained in 'Schedule C' of the National Standard NOHSC:1006.

Load shifting equipment operation

- LBG** Operator of a bridge or gantry crane - if a load more than 5 tonnes is being lifted by remote control with no more than 3 powered operations
- LZ** Operator of a dozer
- LE** Operator of an excavator having an engine capacity of more than 2 litres
- LL** Operator of a front-end loader having an engine capacity of more than 2 litres
- LB** Operator of a front-end loader / backhoe having an engine capacity of more than 2 litres
- LG** Operator of a grader
- LR** Operator of a road roller having an engine capacity of more than 2 litres
- LS** Operator of a skid steer loader having an engine capacity of more than 2 litres
- LP** Operator of a scraper
- LF** Operator of a fork lift truck (other than a pedestrian operated fork lift truck)
- LO** Operator of an order picking fork lift truck

