The following details must be checked and verified by a Subject Matter Expert that has demonstrated experience and holds the appropriate licence with the item of plant or equipment.

Any person who is required to operate plant and equipment in any John Holland workplace must demonstrate that they are competent to do so before they are permitted to operate the plant or equipment.

|  |  |
| --- | --- |
| Plant or Equipment Type: |  |
| Operator Name: |  |
| Date of Competency Check: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No:** | *Question / Requirement* | *Yes* | No | *N/A* |
| 1 | Is a High Risk Work Licence required to operate this plant?  |  |  |  |
| 2 | Does the operator possess a current High Risk Work License for the item? |  |  |  |
| 3 | High Risk Work Licence Type & Number? |  |
| 4 | Is the operator able to provide evidence (personal training log book, other method etc) that they have operated this type of plant or equipment before? |  |  |  |
| 5 | Is the operator able to identify and operate all safety mechanisms/controls on the plant or piece of equipment? |  |  |  |
| 6 | Is the operator able to identify and operate all functional controls on the item? |  |  |  |
| 7 | Is the operator able to perform all pre-start safety and operational checks for the item? |  |  |  |
| 8 | Has the operator been observed operating the plant or piece of equipment safely by a Subject Matter Expert or someone who holds the appropriate license and experience? |  |  |  |
|  |  |  |  |  |
| **9** | **Is the operator authorised to operate this item of plant?** |  |  |  |

***NOTE: The person who performs the above checks must detail their experience and any licence they hold relating to the item of plant before they are allowed to use this form “Operator Competence Verification Checklist”. Refer to*** [***JH-MPR-PAE-001***](http://ims.jhg.com.au/viewdocument.aspx?doc=JH-MPR-PAE-001)

|  |  |
| --- | --- |
| Name of Person Carrying out Check: |  |
| Position: |  |
| Experience / License: |  |
| Signature: |  |