WHS Competency Assessment Checklist

Trainee information

Name: ____________________________  Faculty/division/unit: ____________________________

Staff/student number: ________________________________________________________________

Assessment information

Equipment: ____________________________

SWP/RA number or title: ____________________________

Assessor: ____________________________  Date Training Commenced: ____________________________

Assessment Method(s):

☐ Workplace observation  ☐ Practical demonstration

☐ Oral/written questions  ☐ Oral presentation

☐ Qualification / licence (in conjunction with other methods)

Competencies [as described in SWP/RA listed above]

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Overall Assessment of Competency [including operation of equipment – if applicable]

☐ Competent  ☐ Not yet competent

Sign Off

Trainee: ____________________________  Date: ____________________________

Assessor: ____________________________  Date: ____________________________