



## Supplementary site induction record and assessment sheet for plant operators

Reference no. _____
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*Form to be completed by plant operator's BVL supervisor before use of plant commences*

Project name:	B&V project no.
Location or site:	Induction date:
Name of operator:	Staff or payroll no.
Name of employer:	

**All employees are responsible for their own safety and the safety of others who may be affected by their acts or omissions**

Has the plant operator been informed on the following matters?					
	Yes	N/A		Yes	N/A
Golden Rules relating to plant:	<input type="checkbox"/>		Control over plant keys:	<input type="checkbox"/>	
Not doing unplanned favours for others:	<input type="checkbox"/>		Parking arrangements:	<input type="checkbox"/>	
10-point lifting plan <i>(Copy of G914B supplied)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belt requirements:	<input type="checkbox"/>	<input type="checkbox"/>
Safe operation of excavators <i>(G916D supplied)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic management arrangements: (such as reversing, speed limits and one-way systems)	<input type="checkbox"/>	<input type="checkbox"/>
Safe operation of telehandlers <i>(G917F supplied)</i>	<input type="checkbox"/>	<input type="checkbox"/>			
Safe operation of dumpers <i>(G917B supplied)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Towing:	<input type="checkbox"/>	<input type="checkbox"/>
Dismounting from dumpers while loading:	<input type="checkbox"/>	<input type="checkbox"/>	Warning lights:	<input type="checkbox"/>	<input type="checkbox"/>
Fuelling arrangements and use of spill kit:	<input type="checkbox"/>	<input type="checkbox"/>	Working near services:	<input type="checkbox"/>	<input type="checkbox"/>
Harness requirements:	<input type="checkbox"/>	<input type="checkbox"/>	Site-authorised slinger / signallers:	<input type="checkbox"/>	<input type="checkbox"/>
Inspection registers and documentation:	<input type="checkbox"/>		Safe start-up and shut-down:	<input type="checkbox"/>	

<b>I confirm that I have received the plant operator induction:</b>			
Signed by plant operator:		Date:	
Counter-signed for BVL:	<i>Printed name:</i>	Date:	

**NOTE: Plant operators are also required to sign induction form F908/5**

Practical assessment of plant operator and machine:						
<i>This section is to be completed for item of plant to be used by the operator. If more than two items, use a separate form.</i>						
Plant item 1:				Plant item 2:		
	<b>Plant 1</b>	<b>Plant 2</b>		<b>Plant 1</b>	<b>Plant 2</b>	
	OK N/A	OK N/A		OK N/A	OK N/A	
Weekly inspection <i>(form F917/1): (to be carried out by plant operator)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Understanding of operator's manual and any load charts:	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-use check:	<input type="checkbox"/>	<input type="checkbox"/>	Understanding of safety devices & visual/audible warning systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPCS plant log book:	<input type="checkbox"/>	<input type="checkbox"/>	All-round visibility check:	<input type="checkbox"/>	<input type="checkbox"/>	
Quick-hitch training record:	<input type="checkbox"/>	<input type="checkbox"/>	Introduction to slinger / signaller:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting operations training record:	<input type="checkbox"/>	<input type="checkbox"/>	Introduction to supervisor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant assessment:	Acceptable: <input type="checkbox"/>	Rejected: <input type="checkbox"/>	<i>Details of defects and corrective actions to be recorded on form F917/1</i>			
Operator assessment:	Acceptable: <input type="checkbox"/>	Additional supervision required: <input type="checkbox"/>	Competence level not achieved: <input type="checkbox"/>			
<i>If operator assessment acceptable:</i>						
		Authorisation letter issued: <input type="checkbox"/>	Operator's photograph taken: <input type="checkbox"/>			
Signed for BVL:	<i>Printed name:</i>			Date:		