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THIRD PARTY REPORT (TPR)

TRAFFIC CONTROLLER

RIIWHS205D ControlTrafficwithStop-SlowBat

RIICOM201D Communicate in the Workplace

RIIWHS201D Work Safely and Follow WHS policies and procedures

STUDENT NAME:

As part of the assessment for the qualification, we are seeking evidence from the candidate's Team Leader/Manager / Supervisor to support a judgment on their current skill and knowledge in traffic control.

We seek your support in gathering evidence about the performance of the candidate by completing the following questions.

Please fill in the Occasion Dates for each element, and tick to confirm you have witnessed the performance criteria.

Sign the Supervisor area on the back page and make comments if you feel they are applicable.

THIRD PARTY NAME:

THIRD PARTY POSITION (please circle): TEAM LEADER / SUPERVISOR / MANAGER / OTHER:

1. Control Traffic With Stop-Slow Bat				
Element/ Performance Criteria The candidate, can and does perform these tasks and activities regularly.	Occasion Date 1.	Occasion Date 2.	Confirmed by Supervisor / Third Party	
			YES	NO
1. Plan and prepare				
1.1 Access, interpret and apply site traffic plan procedures and ensure the work activity is compliant				
1.2 Obtain, confirm, clarify and apply work instructions				
1.3 Obtain, confirm, clarify and apply safety requirements				
1.4 Identify, obtain and implement signage and devices				
1.5 Select tools and equipment, check for serviceability and rectify or report any faults				
1.6 Identify, confirm, clarify and apply environmental protection requirements				
2. Control traffic				
2.1 Position or confirm temporary traffic signs and barriers				
2.2 Direct traffic correctly				
2.3 Control vehicles and pedestrian traffic and ensure safety				
2.4 Monitor traffic, make adjustments for changing conditions and position waiting vehicles for smooth traffic flow				

2.5 Use hand held stop/slow bats		
2.6 Use visibly clear and unobstructed hand signals		
2.7 Report traffic offenders		
3. Operate communication devices		
3.1 Adjust communication device controls for optimum		
3.2 Transmit messages clearly and concisely		
3.3 Maintain communication device power supply		
3.4 Check communications contact after nominated period of non-contact		
4. Clean up		
4.1 Remove or cover signs and devices sequentially to provide warning to		
4.2 Clean, check, maintain and store tools and equipment		

2. Communicate In The Workplace				
Element/ Performance Criteria The candidate, can and does perform these tasks and activities regularly.		Occasion Date 2:	Confirmed by Supervisor / Third Party	
			YES	NO
1. Plan and prepare for workplace communication using equipment and systems				
1.1 Access, interpret and apply communication site documentation and ensure the work activity is compliant				
1.2 Identify and access communication equipment and system components				
1.3 Establish and maintain communication with others				
1.4 Access and apply communication equipment and systems safety procedures				
2. Communicate using communication equipment and systems				
2.1 Identify and select the most appropriate method of communication				
2.2 Use communication equipment and systems				
2.3 Acknowledge and respond to communication				
2.4 Take, confirm and pass messages on promptly to the others				
2.5 Pass communications in a clear and concise manner				
2.6 Follow safety procedures, including the passing of reports and observance of local communications and emergency				
2.7 Identify and report faults in communication equipment				
3. Carry out face-to-face routine communication				
3.1 Speak clearly and listen carefully to promote understanding				
3.2 Ask questions of the audience and confirm meaning of information				
3.3 Maintain communication processes with others to assist flow of work activities				
3.4 Use site approved <i>signalling</i> methods to convey information				
3.5 Participate in discussion to obtain information and clarify meaning				
3.6 Communicate cooperatively and effectively with others				
4. Complete written documentation				
4.1 Complete written documentation clearly, concisely and on time				
4.2 Use approved documents				
4.3 Pass on written information to others				

3. Work Safely and Follow WHS Policies and Procedures				
Element/ Performance Criteria The candidate, can and does perform these tasks and activities regularly.	Occasion Date 1:	Occasion Date 2:	Confirmed by Supervisor	
			YES	NO
1. Access and apply site safety procedures				
1.1 Access, interpret and apply work health and safety procedures and ensure the work activity is compliant				
1.2 Carry out isolation of energy sources and immobilisation of potential energy sources				
1.3 Locate destinations by interpreting and applying site plans, transport rules and signage				
1.4 Identify, act on, and report breaches in site safety				
2. Apply personal safety measures				
2.1 Select and wear personal protective equipment				
2.2 Establish and maintain a clean and tidy safe working area				
2.3 Obtain permits and clearances before specialised work is carried out				
2.4 Apply safe manual handling procedures				
2.5 Identify and apply site procedures for conducting high-risk activities				
3. Apply operational safety measures				
3.1 Recognise and respond to alarms				
3.2 Identify and clarify responsibility in responding to emergency situations				
3.3 Apply basic fire fighting techniques				
3.4 Identify emergency escape route(s) and procedures				
4. Maintain personal wellbeing				
4.1 Identify risks to personal wellbeing and recognise preventative strategies				
4.2 Identify, act on, and report situations which may endanger others				
4.3 Access and explain verbally or in writing the requirements for fitness for				
4.4 Comply with all work health and safety policies including smoking, alcohol				
5. Identify and report incidents				
5.1 Recognise and communicate incident and injury statistics				
5.2 Report and prepare written record incidents and injuries				

Supervisor	Comments	(if applicable):
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Supervisor Signature: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: ______Date: ______AAtE

TCP Training Assessor Comments:

Assessor Signature:______Date: _____