



**MSMWHS201 Conduct hazard analysis
*Student Enrolment Form, Theory Answer
Sheet & Practical Assessment***

RETURN TO SITETRAIN

Student Name: _____

Date: _____

Trainer: _____

Student Enrolment Form

Title:		First Given Name:		Family Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Birth Date:	
Home Number:				Mobile Number:	
Email Address:					
Home address:					
Postal address:					
In which country where you born?	<input type="checkbox"/> Australia		<input type="checkbox"/> Other (Please specify):		
What is your highest COMPLETED school level? (Tick ONE box only.)					
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent			<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school		
In which YEAR did you complete school?					
Are you still attending secondary school?					
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you successfully completed any of the following qualifications?					
			<input type="checkbox"/> No <input type="checkbox"/> Yes - Bachelor Degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma or Associate Degree <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Certificate IV <input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above		
Of the following categories, which best describes your current employment status?					
			<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment		
Do you speak a language other than English at home?				<input type="checkbox"/> No, English only	
				<input type="checkbox"/> Yes (please specify):	
How well do you speak English?					
<input type="checkbox"/> Very well <input type="checkbox"/> Well			<input type="checkbox"/> Not well <input type="checkbox"/> Not at all		

Are you of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
Do you identify yourself as having a disability? (Please tick)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Hearing/Deaf
<input type="checkbox"/> Yes, Intellectual	<input type="checkbox"/> Yes, Vision
<input type="checkbox"/> Yes, Learning	<input type="checkbox"/> Yes, Physical
<input type="checkbox"/> Yes, Medical Condition	<input type="checkbox"/> Yes, Mental Illness
<input type="checkbox"/> Yes, Acquired brain impairment	<input type="checkbox"/> Other
Please specify:	
Do you consider that you have adequate literacy and numeracy skills to undertake the course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you seeking credit for previous training or recognition of prior learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are there any individual needs you have that we should be aware of, so we take these into account when planning your training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If yes, please provide us a little more information:	

Unit or Qualification Name:	
Start Date:	Finish Date:
Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons

Emergency Contact Name		Mobile Number:	
Phone Number:		Relationship:	

Privacy Notice

Under the *Data Provision Requirements 2012*, **Sitetrain** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **Sitetrain** for statistical, regulatory and research purposes. **Sitetrain** may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE..... DATE

**Parental/guardian consent is required for all students under the age of 18.*

Employer Name:	
Contact Name:	
Phone Number:	
Workplace address:	

Enrolling Student

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Student Handbook supplied to me and have been informed about my rights and obligations.
- I have reviewed the Schedule of Fees and Payments and have been informed of the refund policy, if applicable.
- I have reviewed the relevant course brochure and have been informed of the training and assessment services to be provided and the units of competency to be completed.
- The information I have provided in this form is true and correct.
- By signing I confirm that the work I have supplied is my own.
- I agree that I am physically able to meet the requirements of this course and understand that I hold the trainer or RTO responsible for injury or illness that occurs from this training
- I have adequate language, numeracy and literacy skills to complete the course as specified in the student information.
- I understand the USI requirements and have had this explained to me and been provided a fact sheet. I also understand that by not providing a USI I am aware I will not receive a certificate for this training.
- I understand and give consent that my employer be given a copy of my certificate.
- I did/will complete all work myself.

Full name: _____

Signature: _____ Date: ____ / ____ / ____

MSMWHS201 Conduct hazard analysis

Theory Questionnaire

Either write your answer in the space provided for written answers or tick/mark the circle that best answers the multiple-choice questions.

Q	A	B	C	D
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment Overview

This unit of competency will be assessed using assessment methods including a knowledge assessment and a practical observation assessment. This allows for the discrete assessment of specific knowledge and the assessment of knowledge integrated with skills during practical simulated workplace tasks.

There are two activities for the assessment of unit MSMWHS201 Conduct hazard analysis.

Number	Method	Description
MSMWHS201 Conduct hazard analysis	Knowledge Assessment	The candidate must provide a written or verbal response to 18 multiple choice questions which address the knowledge requirement of the unit. The candidate must answer all questions correctly. The assessment is supervised in a classroom setting and conducted over 30 minutes.
MSMWHS201 Conduct hazard analysis Practical Assessment 1	Performance Assessment 1	<p>Complete a Sitetrain provided JSA or company supplied equivalent form, using an industry relevant task for the students being trained.</p> <p>The candidate will also be required to :</p> <ul style="list-style-type: none"> • complete a hazard analysis. • specify risk controls to bring risks to ALARP. • identify relevant personnel. • complete appropriate hazard analysis forms (paper or electronic) • monitor and review effectiveness of risk controls. <p>The assessment is directly supervised by the assessor and conducted over 30 minutes</p>

Please note: The Candidate must demonstrate a satisfactory result in all assessment activities in order to be assessed as competent in the unit. Final assessment results are to be recorded on the Assessment Summary Report.

Performance Assessment Task 1 — Complete JHA's for confined space entry on next pages.



Job Hazard Analysis Form

JHA Preparation, Development and Approval

The completion of a quality JHA has 4 steps:

Step 1 – Planning & Preparation

Use the Checklist items 1-5 to ensure the correct people are part of the JHA team.

Check if there are any existing procedures or JHA's relevant to the work.

Step 2 - JHA Form

Use Hazards List and the Hazard Mechanism as a prompt to identify hazards

Identify the potential incidents or hazardous conditions for each step

Devise safe work practices or controls for each step. Use the Hierarchy of Control to manage the hazards to ALARP eg:

- a) Eliminate Hazard,
- b) Substitute with lower hazard,
- c). Isolate from the hazard.
- d) Use engineering controls,
- e) Use admin controls,
- f) Use PPE

Step 3 - Approval

Get approval of the JHA and communicate information on the hazards and controls

Step 4 - Doc management

Log JHA into Department JHA Register and obtain JHA reference number

Note: Signed off field JHA is filed with Work Permit or Work order if Permit not required.

CHECK LIST	
These items are required for a quality JHA	
1 Leader must be trained in JHA process	<input type="checkbox"/>
2 Must involve people performing the job	<input type="checkbox"/>
3 Must involve people with knowledge of the job	<input type="checkbox"/>
4 Is there a Job procedure or JHA to be reviewed?	<input type="checkbox"/>
5 Are Chemicals involved, if so review data from MSDS	<input type="checkbox"/>
6 Required permits, isolations and hold points are listed	<input type="checkbox"/>
7 Appropriate Standards or Work Practices are referenced	<input type="checkbox"/>



Team Based Hazard Analysis Form

DATE:	JOB TASK:
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DESCRIPTION OF WORK:


No	(B) JOB STEPS (Sequence of Events)	(C) POTENTIAL HAZARD	Inherent Risk Rating (no controls)			(D) HAZARD CONTROL ACTIVITY	Residual risk rating (with controls)		
			LIKE	CONS	RANK		LIKE	CONS	RANK
1									
2									
3									
4									
5									
6									



Team Based Hazard Analysis Form

No	(B) JOB STEPS (Sequence of Events)	(C) POTENTIAL HAZARD	Inherent Risk Rating (no controls)			(D) HAZARD CONTROL	Residual risk rating (with controls)		
7									
8									
9									
10									
11									
12									
13									
14									
15									

Drawing / Sketch



Team Based Hazard Analysis Form

Likelihood Table

Level	Likelihood	Expected or actual frequency experienced
1	Rare	May only occur in exceptional circumstances; simple process; no previous incidence of non-compliance
2	Unlikely	Could occur at some time; less than 25% chance of occurring; non- complex process &/or existence of checks and balances
3	Possible	Might occur at some time; 25 –50% chance of occurring; previous audits/reports indicate non-compliance; complex process with extensive checks & balances; impacting factors outside control of organisation
4	Likely	Will probably occur in most circumstances; 50-75% chance of occurring; complex process with some checks & balances; impacting factors outside control of organisation
5	Almost Certain	Can be expected to occur in most circumstances; more than 75% chance of occurring; complex process with minimal checks & balances; impacting factors outside control of organisation

Likelihood		Risk Matrix (Qualitative) AS 4360 - 1999				
Is expected to occur in most circumstances	A (Almost certain)	H11	H16	E20	E23	E25
Will probably occur in most circumstances	B (Likely)	M7	H12	H17	E21	E24
Might occur at some time	C (Moderate)	L4	M8	H13	E18	E22
Could occur at some time	D (Unlikely)	L2	L5	M9	H14	E19
May occur only in exceptional circumstances	E(Rare)	L1	L3	M6	H10	H15
		1	2	3	4	5
		Consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic

Consequence Table

Level & Descriptor	Health Impacts	Critical services interruption	Organizational outcomes/ objectives	Reputation and image per issue	Non-compliance
1. Insignificant	First aid or equivalent only	No material disruption	Little impact	Non-headline exposure, not at fault; no impact	Innocent procedural breach; evidence of good faith; little impact
2. Minor	Routine medical attention required (up to 2 wks incapacity)	Short term temporary suspension – backlog cleared < 1 day	Inconvenient delays	Non-headline exposure, clear fault settled quickly; negligible impact	Breach; objection/complaint lodged; minor harm with investigation
3. Moderate	Increased level medical attention (2 wks to 3 mths incapacity)	Medium term temporary suspension – backlog cleared by additional resources	Material delays; marginal under- achievement of target performance	Repeated non- headline exposure; slow resolution; Ministerial enquiry/briefing	Negligent breach; lack of good faith evident; performance review initiated
4. Major	Severe health crisis (incapacity beyond 3 mths)	Prolonged suspension of work – additional resources required; performance affected	Significant delays; performance significantly under target	Headline profile; repeated exposure; at fault or unresolved complexities; ministerial involvement	Deliberate breach or gross negligence; formal investigation; disciplinary action; ministerial involvement
5. Catastrophic	Multiple severe health crises/injury or death	Indeterminate prolonged suspension of work; non performance	Non achievement of objective/ outcome; performance failure	Maximum high level headline exposure; Ministerial censure; loss of credibility	Serious, willful breach; criminal negligence or act; prosecution; dismissal; ministerial censure



Team Based Hazard Analysis Form

PART 3: APPROVAL

(E) All personnel involved in the creation of the JHA shall enter their names below and sign to confirm they have read and understood the conditions of the JHA.

The JHA Team Leader must ensure all names and signatures are obtained.

TEAM MEMBER	NAME	SIGNATURE	DATE	COMPANY
JHA Team Leader				
JHA Team Member				
JHA Team Member				
JHA Team Member				
JHA Team Member				
JHA Team Member				

(F) All personnel involved in performing work listed the JHA shall enter their names below and sign to confirm they have read and understood the conditions of the JHA.

NAME	SIGNATURE	DATE	NAME	SIGNATURE	DATE

JHA Team Leader Signature: _____ Supervisor Signature: _____ Contractor Supervisor Signature: _____

(Final Approval)

(Final Approval)

(Final Approval)

(Mark N/A if contractors not performing job)

Venue		Trainer	
Students must perform the following task and provide the documents used for this assessment as evidence.			
Performance Requirements		YES	NO
During the performance assessment the candidate: <ul style="list-style-type: none"> complete a hazard analysis as provided specify risk controls to bring risks to ALARP, using industry and workplace standard controls identify relevant personnel to perform tasks outlined in hazard analysis complete appropriate hazard analysis forms (paper or electronic) monitor and review effectiveness of risk controls during and after the task completion 			
Candidate	Signature		Date
Trainer	Signature		Date

Assessment Summary Report

Unit of competency	MSMWHS201 Conduct hazard analysis	
The learner demonstrated the required skills and knowledge during the following assessment tasks	Satisfactory	Not Satisfactory
Theory Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 1	<input type="checkbox"/>	<input type="checkbox"/>
Candidate participated in the generation of the JHA for this task or reviewed and signed on the JHA for this task	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment	Competent	Not Yet Competent
Overall the learner is assessed as	<input type="checkbox"/>	<input type="checkbox"/>
Date overall assessment outcomes achieved:		
Feedback to the learner on their performance and results:		
<p>By signing this document, the trainer declares that:</p> <ul style="list-style-type: none"> I have sighted the students' proof of identity or have confirmed a referee has been provided. I have conducted the assessment with the student according to the training package guidelines and the training and assessment strategy. The assessment evidence is valid, sufficient, authentic, and current. The assessment practice is fair, flexible, valid, and reliable. I have provided feedback written above to student. <p>By signing below, I confirm that the student has demonstrated competency.</p>		
Assessor Name:	Assessor Signature:	
<p>Where the student did not achieve competency, detail of reassessment should be recorded below, and reassessment form should be completed. Both reassessment and student pack need to be returned to Sitetrain once competency has been reached. Sitetrain must be notified if student did not achieve competency and requires reassessment. Notification via email or phone at time of course is required.</p>		

Co Assessment Record – Office Use Only

Unit of competency		MSMWHS201 Conduct hazard analysis	
Check the following aspects and ensure they have been completed correctly		Satisfactory	Not Satisfactory
Theory Assessment		<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 1		<input type="checkbox"/>	<input type="checkbox"/>
Candidate participated in the generation of the JSA for this task or reviewed and signed on the JSA for this task as a workgroup member		<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment (Agree or Not Agree)		Competent	Not Yet Competent
Overall the learner is assessed as:		<input type="checkbox"/>	<input type="checkbox"/>
Comments regarding decision if against trainer’s initial assessment: WHY			
What is required? Was paperwork returned to trainer and why?			
Overall assessment (Agree or Not Agree)		Competent	Not Yet Competent
Overall the learner is assessed as:		<input type="checkbox"/>	<input type="checkbox"/>
CEO Co signature:		Date of Co Assessment:	
Issue Certificate	YES	NO	Date Issued
Notes: Was certificate issued within 30 days of date of co-assessment: Yes/No If no please give details			

We would appreciate a testimonial. By providing a testimonial you are agreeing for this testimonial plus your name, position and company to be use in advertising for Sitetrain.

Testimonial:

Name: _____

Position: _____

Company: _____

We greatly appreciate testimonials from our students, we also understand if you do not wish to provide one.