



RIIWH5204E Work safely at heights

Student Enrolment Pack

RETURN TO SITETRAIN

Content:
Enrolment Form
Theory Answer Sheet
Performance Assessment

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:	RIIWHS204E Work safely at heights		
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.*

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Doc Location: Dropbox\SITETRAIN (1)\Resources\RII30415 Certificate III Resource Processing\Group C\RIIWHS204E Work safely at heights\Assessment Documentation\					

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: ____ / ____ / ____

RIIWH5204E Work safely at heights

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.

Introduction & Definitions

1. “Whenever there is a _____ of falling from, _____, or through, from one _____ to another, or being _____ by falling _____.”

Q	a)	b)	c)	d)
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"/>

Working at Heights Hazards

Q	a)	b)	c)	d)
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. 1. _____ 2. _____
3. _____ 4. _____

Q	a)	b)	c)	d)
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"/>

Determine Risks for Working at Heights

Q	a)	b)	c)	d)
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14.

Administration	Elimination	Engineering	Substitution	PPE	Isolation
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15.

How-

- am I doing and why?
- could go wrong?
- could it affect me and others?
- likely is it to happen?
- can I do about it?

What-

16. 1. Identify the job that needs to be performed.
2. Break the job down into individual steps.
3. Identify the _____ involved with each step.
4. Calculate the _____ associated with each identified hazard.
5. Put in place the required _____ to manage each hazard.
6. Start the job, continually monitor, review, communicate stop if something changes that will affect safety.

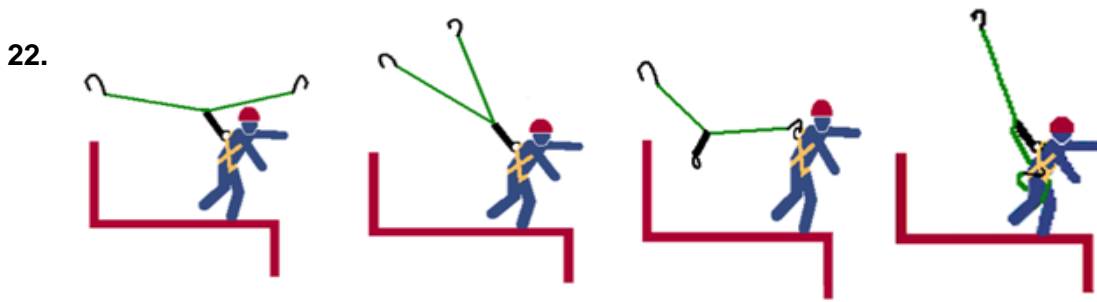
Q	a)	b)	c)	d)
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Equipment

Q	a)	b)	c)	d)
18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Q	a)	b)	c)	d)
21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q	a)	b)	c)	d)
23.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fall Systems

Q	a)	b)	c)	d)
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

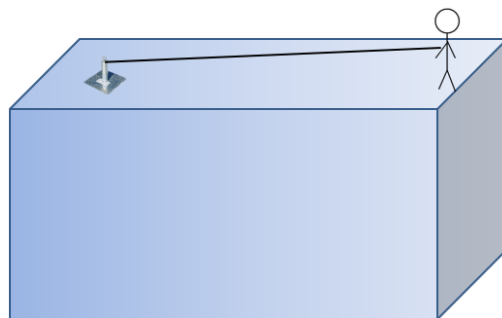
30. Lanyard = _____

Shock Absorber = _____

Body Height = _____

Safety Margin = _____

31.



Safe Work at Heights Standard Controls

Q	a)	b)	c)	d)
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. TRUE FALSE

Q	a)	b)	c)	d)
34.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. 1. _____
2. _____

Q	a)	b)	c)	d)
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. 1. _____
2. _____

Q	a)	b)	c)	d)
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. 1. _____
2. _____







Completing Operations

42. 1. _____
2. _____

Performance Assessment – General (Performed across ALL assessment activities)

Venue		Trainer		
Performance Requirements			YES	NO
During the performance assessment the candidate:				
Documentation, Safety and Preparation for working at heights				
Planning and preparing <ul style="list-style-type: none"> locates and applies relevant documentation, policies and procedures Identifies procedural and policy aspects that apply to working at heights PPE for working at heights (Required safety systems) Equipment inspection Anchor point selection and preparation Applying isolation and tagging requirements when required Accessing and interpreting technical and safety information regarding working at heights Completes risk assessment documentation, assessing the risks an implementing controls for the task being completed. Contingency Questions Q1. What is the minimum weight an anchor must hold for “Total Restraint” A –Minimum weight is 15Kn Q2. What action would you take if there was not access to an adequate anchor point for the task being conducted? A – STOP work until a suitable anchor could be identified/ accessed				
Communications And Working With Others				
Communicating with others <ul style="list-style-type: none"> Communicates with others by varied means (radio, signage, verbal, listens for confirmation and understanding from others) Maintains written documentation in relation to working at heights (permits, isolation tags, risk assessment documentation etc) Applying and communicating technical and safety information to others during working at heights Contingency Questions Q4. What would you do if you could not decipher the instruction given to you by a second person in regard to working at heights. A – STOP and ask for clarification on the instruction before proceeding.				
Candidate	Signature		Date	
Trainer	Signature		Date	

Performance Assessment Task 1- Identification, inspection, and selection of the appropriate “Working at Heights” PPE for each of the following safe work at heights arrangements.

Venue		Trainer		
<p>Students must perform the following tasks at least twice satisfactorily over the assessment tasks. The assessment tasks are developed to ensure the students have ample opportunity to satisfy this requirement</p>				
<p>Performance Requirements</p> <p>During the performance assessment the candidate:</p> <p>Mark off each piece of equipment the candidate was able to correctly name, explain the set-up arrangement for, and its limitations: Yes (Correct) No (Not Correct)</p>			YES	NO
 <div data-bbox="416 786 528 920" style="border: 1px solid black; padding: 5px; display: inline-block;"> YES NO </div>  <div data-bbox="847 786 959 920" style="border: 1px solid black; padding: 5px; display: inline-block;"> YES NO </div>  <div data-bbox="1206 786 1318 920" style="border: 1px solid black; padding: 5px; display: inline-block;"> YES NO </div>  <div data-bbox="379 1335 491 1469" style="border: 1px solid black; padding: 5px; display: inline-block;"> YES NO </div>  <div data-bbox="815 1335 927 1469" style="border: 1px solid black; padding: 5px; display: inline-block;"> YES NO </div>  <div data-bbox="1174 1335 1286 1469" style="border: 1px solid black; padding: 5px; display: inline-block;"> YES NO </div>				
Candidate		Signature		Date
Trainer		Signature		Date

Performance Assessment Task 2 – Select, Inspect, and don a harness. Your assessor will conduct the “Hanging in a Harness” practical exercise.

Venue		Trainer	
<p>Students must perform the following tasks at least twice satisfactorily over the assessment tasks. The assessment tasks are developed to ensure the students have ample opportunity to satisfy this requirement</p>			
Performance Requirements		YES	NO
<p>During the performance assessment the candidate:</p> <p>Selecting the appropriate harness Inspecting the harness for:</p> <ul style="list-style-type: none"> Manufacturers certification (Legible, In Date, Australian Standard) Anchor point attachment points (front, back and side if all fitted) Condition of harness (webbing, hardware, stitching, burns, marks) Donning harness correctly Identifies the shoulder straps, leg straps and waist straps Dons harness correctly (like putting on a coat, step into or place overhead) Tightens shoulder and chest strap (if fitted) adequately Attaches hardware correctly (no twisting of straps, correct buckle to buckle) Tightens leg straps correctly (no twisting of straps, hardware attached correctly, hands inserted as required) <p>Ensures a second person or “Buddy” checks over the fitment of the harness, especially leg straps are free of twists and shoulder and chest straps are adequately tightened.</p>			
Candidate	Signature	Date	
Trainer	Signature	Date	

Performance Assessment Task 3 - Using an approved simulated underground / open pits / roof access / training trailer scenario. Select and install equipment to complete safe access to the simulated open hole / berm / roof top using a vehicle as an improvised anchor point.

Venue		Trainer		
<p>Students must perform the following tasks at least twice satisfactorily over the assessment tasks. The assessment tasks are developed to ensure the students have ample opportunity to satisfy this requirement</p>				
<p>Performance Requirements</p> <p>During the performance assessment the candidate:</p> <ul style="list-style-type: none"> • Conduct a risk assessment of the task, associated set up and barricading • Select the correct equipment for the task scenario (harnesses, kernmantle rope, karabiners, barricading tape, anchor straps) • Inspects all equipment to ensure it is in date and suitable to be used • Places Isolation on vehicle used for anchor point • Sets up the equipment suitable for the scenario (anchor strap around axle, tow bar NOT TOW BALL, ute body) • Person selected attaches correctly to the kernmantle rope • Person operating kernmantle rope communicates clearly with person attached • Perform the working at heights task safely and adequately • Retract rope and personnel safely from scenarios edge • Pack equipment away after task completion 			YES	NO
Candidate	Signature		Date	
Trainer	Signature		Date	

Equipment Inspection Checklist

Component	Condition or Fault to be checked	OK
Information Tag/ Data	Readable in good condition Complies with AS/NZS 1891 DOM within the last 10 years Suitable for fall arrest	
Webbing	Cuts or tears Abrasion damage especially where there is contact with hardware Excessive stretching Damage due to contact with heat, corrosives, or solvents Deterioration due to rotting, mildew, or ultraviolet exposure Activation of fall indicators where fitted	
Snap hooks and Karabiners	Distortion of hook or latch Cracks or forging folds Wear at swivels and latch pivot pin Open rollers Free movement of the latch over its full travel Broken, weak or misplaced latch springs (compare if possible with a new snap hook) Free from dirt or other obstructions, e.g. rust	
D-Rings	Excessive 'vertical' movement of the straight portion of the D-ring where it is retained by the webbing, so that the corners between the straight and curved sections of the D become completely exposed. Cracks, especially at the intersection of the straight and curved portions Distortion or other physical damage of the D-ring Excessive loss of cross-section due to wear <i>NOTE: Excessive vertical movement of the ring in its mounting can allow the nose of larger snap hooks to become lodged behind the straight portion of the D, in which position the snap hook can often accidentally 'roll out' of the D under load.</i>	
Buckles and Adjusters	Distortion of other physical damage Cracks and forging laps where applicable Bent tongues Open rollers	
Sewing/ Stitching	Broken, cut or worn threads Damage or weakening of threads due to contact with heat, corrosives, solvents or mildew	
Ropes	Cuts Abrasion or fraying Stretching Damage due to contact with heat, corrosives, solvents, etc Deterioration due to ultraviolet light or mildew	
Inertia Reels, Retractable Lanyards	Cuts Abrasion or fraying Stretching Damage due to contact with heat, corrosive, or solvents Excessive dirt or grease impregnation Anchorage of the anchorage line to the anchorage point (Type 1 devices) Anchorage of the rope end to the drum when the rope is fully extended (Type 2/3 devices)	
Hardware	Condition and locking action of snap hooks, links and joiners	

Student Name: _____

Trainer Signature : _____

Permit to Work – Working at heights

Activity/ Task			
Location of work			
Person in Charge/ Acceptor of Permit	Name	Signature	
Date of Permit Start		Date of Permit completion	
Hazards associated with Activity/ Task			
Falling Objects		Overhead electric cables	
Risk of falling objects		Lack of space for task	
High Winds		Uneven floor surfaces	
Unguarded edges		Manual handling of loads	
Unsecured ladders		Fragile roofs	
Height from ground work is being conducted		Weather considerations	
ACCESS			
Ladders			
Ladder in good condition?		Secured and adequate length	
Base is mounted on good footing		Ladder can be extended past 2 rungs for secure access	
Scaffolding			
Kickboards in place		Weight of installation	
Scaff tag in place		Checked in the last 30 days	
General Precautions			
a. Fall prevention			
b. Safety harnesses			
c. Fall arrest			
d. Supervision			
e. Rescue plan prepared and known			
f. All persons trained in Working at Heights			
Work Authorisation	Name	Signature	

Assessment Summary Report

Unit of competency	RIIWH5204E Work safely at heights	
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 2	<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 3	<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 4	<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"/>
Completed working at heights checklist for equipment	<input type="checkbox"/>	<input type="checkbox"/>
Isolation tags (IF REQUIRED) Not Required <input type="checkbox"/>	<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		RIIWH204E Work safely at heights	
Check the following aspects and ensure they have been completed correctly		Satisfactory	Not Satisfactory
Theory Assessment		<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 2		<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 3		<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 4		<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 as a workgroup		<input type="checkbox"/>	<input type="checkbox"/>
Completed working at heights checklist for equipment		<input type="checkbox"/>	<input type="checkbox"/>
Isolation tags (IF REQUIRED) Not Required <input type="checkbox"/>		<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: Damien Palazzi		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.