

WORKER CAPABILITY STATEMENT

Please complete the following questionnaire, indicating your skills and competency in the use and application of the items listed. If you have any questions, please discuss these with the person carrying out the induction.

A **COMPETENT PERSON** is a person who has acquired, through a combination of training, qualifications, or experience, the knowledge and skill necessary to undertake work safely or discharge their functions in accordance with company expectations.

PERSONAL INFORMATION

Full Name:

Address:

P

SAMPLE



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G **ON**

Has the worker worked in the industry? Yes No Not sure

If yes provide an overview of the work you were performing below.

Large text input area with horizontal lines for providing an overview of work performed.

What do you consider your principal areas of responsibility?

Large text input area with horizontal lines for listing principal areas of responsibility.

WORKER'S SIGNATURE

Have you had experience and can demonstrate competence with any of the following equipment or in the following situations?

General hand tools.

Yes No

Drills.

Yes No



SAMPLE

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If you have experience in any of the activities above then you shall not perform these tasks unless you satisfy training requirements.
Notify your supervisor who will arrange the appropriate training accordingly for those with skills.

Yes No