RECORD OF TRAINING LOGBOOK



Dogging - Basic



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Purpose of this Training Record Logbook

This Training Record Logbook has been designed to meet the requirements of the relevant sections of the *National Standard For Licensing Persons Performing High Risk Work* (particularly Sections 5.1, 6.8, 6.9 and 6.10).

Workplace Training

The national high risk licensing system requires that licence training be delivered under the 'umbrella' of a registered training organisation (RTO). However, 6.4 of the National Standards states that:

6.4 Practical training can be undertaken in the workplace as part of the production work of the trainee, or in a training facility that includes a simulated work environment, or using a combination of both these training environments.

The Employer, in consultation with the RTO, needs to discuss the role this 'Training Record Logbook' can have in the overall training process.

As a minimum requirement, it is expected that the person supervising a trainee must hold the licence in the licence class that is being supervised, eg. Forklift Truck. A general rule of thumb is that the trainee must be within earshot and eyesight of the supervising person at all times.

Recognition of Prior Learning (RPL)

As well as being a record of training, this logbook can also be used as a document to record evidence of RPL.

Formative Assessment

Formative assessment requires trainers to make regular checks of learner's needs in order to shape training accordingly. This logbook can be used to conduct assessment tasks and record any further training that was necessary.

Requirements of a training record logbook

The relevant sections of the *National Standard For Licensing Persons Performing High Risk Work* have been printed below.

Supervision

- 6.6 A trainee must always be under the direct supervision of a person who holds a licence relating to the high risk work being supervised, unless the person who oversights the practical training judges, and can demonstrate, that:
 - (a) the circumstances of a particular task make this degree of supervision impractical or unnecessary; and
 - (b) the level of the trainee's competency is such that direct supervision can be reduced; and
 - (c) a lesser degree of supervision would not place the trainee or any other person at risk.

Records of training and assessment

- 6.8 A trainee undertaking training in the workplace must maintain a written record of practical training that consists of the following information:
 - (a) the trainee's name and address;
 - (b) the name of the RTO supervising the training;
 - (c) the dates and times on which the trainee performed the high risk work;
 - (d) information about the tasks performed, including the type of equipment used or operated and the outcomes achieved;
 - (e) a signed entry by the person who supervised each occasion of training which includes the person's name and licence number.
- 6.9 The information in paragraphs 6.8 (c), (d) and (e) must be recorded at the completion of each training session.
- 6.10 In addition to requirement under the AQTF, an RTO must retain all records relating to the training and assessment for a period established by the licensing authority in consultation with the relevant state/territory registering body.

Plan task

PC 3.1

Identify hazards

Identify workplace and task-specific hazards and determine required risk controls and safety measures and equipment, including signs and barricades, personal protective equipment (PPE), and fall prevention and fall

Description of work/training performed

I filled out and followed a Safe Work Method Statement (SWMS). This included showing how I would control the hazards and risks. I put barricades around the work area to keep other workers out while the crane lifted the loads. I also used DANGER AUTHORISED PERSONS ONLY signs to warn other workers to keep out.

I checked the path the load was to travel on. Overhead powerlines of less than 133kv were close to the lift but there was no other path we could take. The boom head and the crane had to work within 3-6.4 metres of the overhead powerlines. So I used a qualified spotter for the lift and taglines to control the load

Because of access problems, the load and boom head had to enter the NO GO ZONE of 3 metres for overhead powerlines of 133kv. I called the local power supplier and asked them to turn off the power. We'd planned the job in advance, so the electrical worker from the power supplier was on site for only an hour while we did several lifts.

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:	30 minutes	- SWMS - Barricades - Warning signs	Name: Joseph Burrows Signed: Joseph Burrows Class: Dogging Cert No: 323 565 1 State of Issue: NSW Issue Date: 26 / 01 / 2012 Expiry Date: 26 / 01 / 2018
Date:	10 minutes	Taglines made from fibre rope80T mobile slewing cranePPE: gloves, helmet, boots.	Name: Joseph Burrows Signed: Joseph Burrows Class: Dogging Cert No: 323 565 1 State of Issue: NSW Issue Date: 26 / 01 / 2012 Expiry Date: 26 / 01 / 2018
Date: 20 / 04 / 2020 Start time: 8 am pm	60 minutes	 Equipment used by electricity company 80T mobile slewing crane PPE: gloves, helmet, boots. 	Name: Joseph Burrows Signed: Joseph Burrows Class: Dogging Cert No: 323 565 1 State of Issue: NSW Issue Date: 26 / 01 / 2012 Expiry Date: 26 / 01 / 2018

Element 1

Plan Job



Plan task

PC 1.1

Review task

Review task instructions, consult with relevant persons to seek clarification as required, and obtain relevant workplace information.

Description of work/training performed

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Plan task

PC 1.2

Get information

Obtain and interpret information, including safe work method statements (SWMSs), required to ensure that activities are performed in compliance with workplace-specific and safe work requirements.

Description of work/training performed

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
-			Issue Date:
pm			Expiry Date:

Plan task

PC 1.3

Equipment inspection

Obtain and interpret information required to ensure that equipment inspection, use, maintenance and storage complies with manufacturer requirements.

Description of work/training performed

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Plan task

PC 1.4

Identify hazards

Identify workplace and task-specific hazards and determine required risk controls and safety measures and equipment, including signs and barricades, personal protective equipment (PPE), and fall prevention and fall arrest equipment.

Description of work/training performed		

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Plan task

PC 1.5

Calculate load weight

Calculate load weight, dimensions and centre of gravity.

Description of work/training performed

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Plan task

PC 1.6

Slinging points

Determine lifting and slinging points.

Description of work/training performed		

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Plan task

PC 1.7

Working Load Limit (WLL)

Calculate derated working load limit (WLL) of lifting equipment resulting from selected slinging techniques.

Description of work/training performed

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Plan task

PC 1.8

Communication

Establish required communication methods with plant operator.

Description of work/training performed	

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Notes

Element 2

Select and Inspect Equipment



Select and Inspect Equipment

PC 2.1

Select risk controls

Select risk controls and equipment, including fall prevention and fall arrest equipment, and check that it is working and fit for purpose.

Description o	f work/training performed

Date/time	No. of hours	Plant & equipment (eg slings, cranes, communication)	Supervising person
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:
Date:			Name:
			Signed:
			Class:
Start time:			Cert No:
am			State of Issue:
			Issue Date:
pm			Expiry Date:

Record of Training Summary

This section is to be completed and signed by the supervising person (appointed by the RTO) at the completion of each Element and it's Performance Criteria skills being satisfactorily met. The supervising person MUST hold a licence in the licence class being supervised.

Element 1—Plan Job			
Date completed: / /	Satisfactory completion: YES NO		
Supervisor's signature:	Supervisor's licence number:		
Candidate's signature:			
Notes:			
Element 2—Select and Inspect Equipment			
Date completed: / /	Satisfactory completion: YES NO		
Supervisor's signature:	Supervisor's licence number:		
Candidate's signature:			
Notes:			

Record of Training Summary

This section is to be completed and signed by the supervising person (appointed by the RTO) at the completion of each Element and it's Performance Criteria skills being satisfactorily met. The supervising person MUST hold a licence in the licence class being supervised.

Element 3—Set up task		
Date completed: / /	Satisfactory completion: YES NO	
Supervisor's signature:	Supervisor's licence number:	
Candidate's signature:		
Notes:		
Element 4—Perform Task		
Date completed: / /	Satisfactory completion: YES NO	
Supervisor's signature:	Supervisor's licence number:	
Candidate's signature:		
Notes:		

Record of Training Summary

This section is to be completed and signed by the supervising person (appointed by the RTO) at the completion of each Element and it's Performance Criteria skills being satisfactorily met. The supervising person MUST hold a licence in the licence class being supervised.

Element 5—Pack up and Clean Up				
Date completed: / /	Satisfactory completion: YES NO NO			
Supervisor's signature: Supervisor's licence number:				
Candidate's signature:				
Notes:				