

## RIICBS203D Activity Safely Handle Bituminous Materials Checklist

(Complete the checklist as you work through this unit)

<b>Student Name</b>	
<b>Employer</b>	
<b>Date of Submission</b>	

### **Complete Tasks**

- Completed - AAPA Student Workbook
- Enrolment Form

### **Practical Component - at the workplace**

- Third Party Verification / Report
- Pre-start sign on as supporting evidence
- Photo's / Video evidence

Email the completed checklist along with the completed task to RudTek [training@rudtek.edu.au](mailto:training@rudtek.edu.au)

# Enrolment Form

	What course/s would you like to enrol in?	AAPA – Safely handle bituminous materials – RIICBS203D							
USI	** Unique Student Identifier								

Don't have a USI number? It is a government requirement, apply for one now at: [www.usi.gov.au](http://www.usi.gov.au)

ID	License no.		State		Expiry date	
	Medicare card No.		Placement on card i.e 4		Expiry date	

Personal Details	Given Name/s					
	Family Name					
	Date of Birth		Gender	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	Other: <input type="checkbox"/>
Contact	Phone					
	E-mail					
Emergency	Name		Relationship			
	Phone		Mobile			
Employer Details	Employer Name		Supervisor			
	Employer Address					
	Employer Work Phone		Employer Mobile Phone			
Address	Building/ Property Name If applicable					
	Flat/Unit Number		Street No. & Name			
	Suburb or Town					
	State or Territory			Post Code		

Please provide a postal address *if* different from the above details.

Postal Address	Building/ Property Name If applicable					
	Flat/Unit Number		Street No. & Name		PO BOX	
	Suburb or Town					
	State or Territory			Post Code		

Please note the following information is required by the Australian Government for AVETMISS requirements.

In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other: _____
What is your town of birth?	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only      If other, please specify: _____ <input type="checkbox"/> Yes, other
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

### Office Use ONLY

<input type="checkbox"/> LOGBOOK	<input type="checkbox"/> THIRD PARTY REPORT	Other: _____	<input type="checkbox"/> ISSUED	Date: _____
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<b>Are you of Aboriginal descent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you of Torres Strait Islander descent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a disability, impairment or long-term condition?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please select from below <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other - <b>please specify:</b> _____
<b>Are you still attending secondary school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is your highest completed school level?</b>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Never attended school
<b>In which year did you complete that school level?</b>	Year: _____
<b>Have you successfully completed any other qualifications?</b>	<input type="checkbox"/> Yes - Indicate below <input type="checkbox"/> No
<input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Certificate IV <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other:	
<b>Of the following Categories, which of the following best describes your employment status?</b>	
<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 work	
<b>What is your main reason for undertaking this course?</b>	
<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 new 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
<b>Would you like to apply for RPL?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you applying for CSQ Funding?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Declaration and Consent**

I declare that the information I have provided to the best of my knowledge is true and correct. I confirm that I have read and understand the Student Handbook on the RudTek website, including the media release information and privacy notice. RudTek will do everything to protect student files and personal information and will not use this information in any other capacity. In signing this enrolment form.

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

Signature:	Date:
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Parent/Guardian Name: <i>Parental guardian consent is required for all students under the age of 18</i>	Signature:	Date:
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**This enrolment will not be finalised until all fees are paid. For alternate payment options please contact [accounts@rudtek.edu.au](mailto:accounts@rudtek.edu.au)**

# RIICBS203D Safely handle bituminous materials

## Third Party Verification Checklist

Verification checklists are used to confirm that a student can regularly perform the skills required to meet the competencies in a unit, as well as apply the required knowledge.

As a form of supplementary evidence, third party verifications show that a learner can repeatedly and consistently demonstrate the required competencies to industry/workplace standards and in 'everyday' situations.

<b>RTO name</b>	RudTek Pty Ltd	
<b>Student's name</b>		
<b>Unit(s) of competency</b>	RIICBS203D Safely handle bituminous materials	
<b>Third party/observer's details</b>		
Name		
Organisation		
Industry Experience		
Title/role		
Phone/contact		
<b>Criteria</b>		
<b>Tick the correct response where:</b> <i>YES = performs to required standard on a regular basis;</i> <i>NO = does not yet perform to required standard on a regular basis</i>		
<b>Plan and prepare for work</b>	<b>YES</b>	<b>NO</b>
<i>Is fit for duty</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Access, interpret and apply relevant documentation, policies and procedures</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Participates in Pre-start briefing and ask questions where appropriate to ensure understanding of work and site requirements</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Confirm and ask questions to gain clarity on work instructions and site requirements with appropriate site personnel</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Confirm and clarify environmental protection requirements with appropriate site personnel</i>	<input type="checkbox"/>	<input type="checkbox"/>

Plan and prepare for work (cont.)	YES	NO
<b><i>Appropriately select and check the serviceability of the following</i></b>		
PPE (Personal Protective Equipment)	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Long sleeved shirts, long trousers – Cotton 180 g/m</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Enclosed footwear</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Full length heat resistant gloves</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• head and face protection</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Identify faulty or non-compliant tools and equipment: rectify and/or isolate and report faults according to SOP (standard operating procedures)</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Confirm and clarify emergency procedures including fire/accident/emergency according to SOP (standard operating procedures)</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
Work safely with bituminous materials	YES	NO
<b><i>Confirm characteristics and the uses of bituminous materials and additives used in surfacing, including</i></b>		
<ul style="list-style-type: none"> <li>• accurate blend of materials and control of manufacture to ensure that the product conforms to the required specification</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Maintenance of the consistency of some mixtures that may segregate</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Avoidance of contamination with other products that may alter performance of the product</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Correct handling of bituminous materials and work plan completed, including:</i></b>		
<ul style="list-style-type: none"> <li>• SOP's are adhered to</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Austroads Bituminous Materials Safety Guide</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Ensure SWMS, Take5, Task Cards are followed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Work safely with bituminous materials (cont.)	YES	NO
<i>Monitor's the hazards and risks, ensure safety of all team members including yourself, plant and equipment, on more than one (1) occasion including:</i>		
<ul style="list-style-type: none"> <li>• identifying, reporting and recording major hazards and risks (list them below);</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• storing and using a minimum of four (4) bituminous materials (list them below);                             <ul style="list-style-type: none"> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• extinguishing a simulated fire involving a bituminous substance</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If not observed, confirm with verbal scenario/questions.</i>	<input type="checkbox"/>	<input type="checkbox"/>

First Aid for bitumen burns	YES	NO
<b><i>Able to perform first aid on a bitumen burn:</i></b>		
<ul style="list-style-type: none"> <li>• immediately cool affected area by drenching in cool, preferably running water</li> <li>• DO NOT try to remove adherent bitumen from persons affected by these products</li> <li>• Seek / call for medical attention and advise medical treatment facility of full details of the adhesion</li> <li>• conduct expired-air resuscitation if a person affected by bitumen burns stops breathing</li> <li>• ensure that any encirclement of a limb by bitumen is regarded by First Aid personnel as a Medical Treatment Emergency</li> <li>• flush burns to the eyes immediately with water for 20 minutes continuously, while transporting the patient to medical attention</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Attach Tag to the victim of a bitumen burn who will be treated off site:</i></b>		
<ul style="list-style-type: none"> <li>• attach AAPA Bitumen Burns Card or similar to patients clothing and provide copy of SDS Medical Treatment advice to treating medical professionals</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If not observed, confirm with verbal scenario/questions.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>End of day</b>		
<b><i>Clean up site according to SOP requirements, including:</i></b>		
<ul style="list-style-type: none"> <li>• Recycles and disposes of waste appropriately as per site environmental plan</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Clean, check, maintain and store tools and equipment at the completion of the task, including:</i></b>		
<ul style="list-style-type: none"> <li>• Clean tools and equipment and check for any wear and damage and stored as per company policy</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Completes workplace reporting and documentation of any faults</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Remove personal rubbish (if necessary)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>This checklist is a true and accurate report of my interactions with, observations and knowledge of, the student's performance against the listed criteria.</b>		
Third Party's signature:	Date:	
Student's signature:	Date:	
<b>Note: Return this form and the video evidence form to the RTO along with supporting evidence of pre-start sign on, JSA, SWMS, task cards.</b>		
<b>tick to confirm supplied</b> <input type="checkbox"/>		

## Video evidence guidelines and checklist

### Guidelines

The aim of the video evidence is to provide evidence to the RTO that students can demonstrate the practical and underpinning knowledge requirements of the training program and to demonstrate all aspects of safely handling bituminous materials on a live worksite.

The footage must be CLEARLY visible in a video format, time and date stamped, and the student must be able to be identifiable at all times.

A Subject Matter Expert (SME) competent person must be present at the time of filming. The following additional evidence is required:

- 1) a copy of supporting site documentation that indicates the student is on site on the day of filming  
i.e, pre-start sign on, JSA, SWMS, task cards.

### The video evidence team will consist of three people:

- 1) student – the person to be videoed
- 2) The SME competent person – the person providing one on one supervision of the student activity
- 3) Videographer – person filming the student activity.

I \_\_\_\_\_ declare that I have witnessed  
(insert name of third party evidence gatherer)

\_\_\_\_\_ perform safely handling bituminous  
(insert name of student)

materials tasks / duties on a live worksite and that they are the person recorded on the video images.

SME competent person's name:		Date:
SME competent person's signature:		
Student name:		Date:
Student signature:		
Videographer name:		Date:
Videographer signature:		



## RTO Assessor Verification Form

The RTO is to verify the authenticity of the evidence with the Third Party once all tasks are completed:

- Video evidence – footage and checklist
- Third Party Verification Checklist

<b>RTO assessor's name:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Assessor notes on the interview with the Third Party (via telephone/skype/conference call)</b> <i>The aim of the interview is talk to the Third Party about the evidence collected and to clarify any statements made by the Third Party. Where insufficient or unclear information is provided by the Third Party, the assessor is to clarify with the Third Party.</i> <i>The additional information gathered via the interview is to be transcribed in this section. The trainee is to be provided with the opportunity to discuss the Third Party findings with the assessor.</i> <i>Based on the Third Party's comments, the assessor may ask additional questions of the trainee to clarify findings, or to seek additional information that is then used towards making a final judgement.</i>	
<b>Assessor notes regarding how verification occurred:</b>	
<b>Trainee:</b> <input type="checkbox"/> <b>Competent</b>  <input type="checkbox"/> <b>Not yet Competent</b>	
<b>Provide the rationale for your judgement decision:</b>	