

<b>Name of Person Being Observed:</b>	
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<b>Site Address:</b>	<b>Equipment:</b>	<b>Activity:</b>

<b>Observed Tasks:</b> <i>(To cover all work equipment likely to be used by the employee)</i>		<b>Date Observed On Site as Competent:</b>
1.	Electrical hand tools satisfactorily used, maintained and sorted	
2.	Digging tools, satisfactorily used, maintained and stored (if applicable)	
3.	Cable jointing & terminating tools satisfactorily used, maintained and stored (if applicable)	
4.	Disc power saw satisfactorily used, maintained and stored (if applicable)	
5.	Disc power saw dust suppression satisfactorily used, maintained and stored (if applicable)	
6.	Road breaker satisfactorily used, maintained and stored (if applicable)	
7.	Trenching machine satisfactorily used, maintained and stored (if applicable)	
8.	Powered auger satisfactorily used, maintained and stored (if applicable)	
9.	Mini digger satisfactorily used, maintained and stored (if applicable)	
10.	Electrically powered hand tools satisfactorily used, maintained and stored (if applicable)	
11.	All relevant PPE in satisfactory condition, correctly used and stored	
12.	Fire extinguisher available for hot work processes (if applicable)	

<b>Observation Comments</b> (if none, write None):

<b>Comments from Person Being Observed</b> (if none, write None):

<b>Has an action plan been produced identifying additional training needs/competency assessments?</b>	<b>Yes</b>	<b>No</b>
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<b>NVQ Assessor Name</b> (if used to carry out site assessment above)			
<b>Qualified Supervisor Name:</b>		<b>QS No:</b>	
<b>Signature:</b>		<b>Date:</b>	



# Qualifications & Training Evidence Form

## Found 04 | Power Tools incl. Hand Tools

(Underpinning knowledge – Training Spec.: Module 204, 204.1)

Qualifications and Training Evidence (*See note below):		Date Achieved:	Witnessed as seen original:
1.	NRSWA or 204.1 Hand Power Tools (add named type/group here):		

**Authorising Officers Comments** (if none, write None):

<b>AUTHORISING OFFICER:</b>			
<b>Outcome: Assessed as:</b>	<b>Competent:</b>		<b>Not yet competent:</b>
<b>Authorising Officer Name:</b>		<b>AO Number:</b>	
<b>Signature:</b>		<b>Date:</b>	

\*Note:

1. All Training must be in strict accordance with the Highway Electrical Training Specification and must be delivered by Highway Electrical Skills Academy (HESA) Approved Trainers other than the named accepted alternative provision. The Training Specification and details on the Requirements for Approved Trainers are available as downloads from the HERS web-site - <https://thehea.org.uk/hers-hesa/approved-trainers/>
2. Add details of additional education & training evidence relevant to the occupation & tasks carried out, if any
3. An occupationally competent and qualified NVQ assessor may be used by organisations employing less than 5 people to carry out this site assessment in addition to a QS