
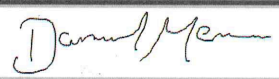





As the named operative below, I confirm that the assessments undertaken to demonstrate my sector specific occupational competence have been conducted during my normal onsite works.

Learner Name:	Simon Coupland	Learner Occupation:	Mtce & Inst. Operative
Signature (Not digital):		Date of Signing*: (Not digital)	01/12/2023

* The handwritten (not digital) date of signing this document reflects the last site assessment completed within the portfolio of evidence.

Note: this document **must** reflect the last dated site assessment completed. Where additional HERS element/s have been added, a new signed and dated document must be completed at the same time.

Signature	Name	AO / QS Number (where applicable)	Position
	Daniel McCann	QS10729	Qualified Supervisor 1
	Mike Arkle	QS10720A	Qualified Supervisor 2
			Qualified Supervisor 3
	Lee James Payne	CA10591	Authorising Officer 1
			Authorising Officer 2
			Authorising Officer 3
	David Bullock		Responsible Manager