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| PNG BOP Header  **Competency Assessment** |
| Document # Author: Authorised: W Porau dd/mm/yy Review: dd/mm/yy |
| **[E.g. AST Quality Control Procedure]** |

Person assessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Assessment tasks | Response/acknowledgement | Assessor’s response |
| 1. Has read the relevant SOP(s) |  |  |
| 1. Specify online or video training required |  |  |
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| Summary assessment (circle) Competent No competent |
| Further training required- assessor to specify |
| Has this assessment been shared with the person? (circle) Yes No  Comments from person assessed: |
| Signed and dated (Person assessed) |
| Signed and dated (Assessor) |