

RTO Name

**Details of the RTO Representative conducting the location visit**

Name

Driver licence number

Driver Instructor licence number

**If an FCA/CT location visit is being conducted**

Location and Route number

HVCORS booking number

Assessor name

Driver licence number

Driver Instructor licence number

**If a training course location visit is being conducted**

Location

Trainer name

Driver licence number

Driver Instructor licence number

Applicant name

Applicant licence number

Applicant Learner Log Book number

**Licence class being attempted**

LR  MR  HR  HC  MC

I declare that the location and conditions for the (*select one*)

Training Course

Assessment

visited meets the Work Health and Safety requirements as set out in clause 6.5 of the Accreditation Agreement for Heavy Vehicle Competency Based Assessment

Signature

Date

**Vehicle condition**

Describe the general condition of the vehicle, including was it roadworthy?

What was the vehicle configuration and type and is it correct for licence class being attempted?

**Vehicle load**

Was the vehicle loaded to the required 75% of vehicle GVM, GCM or Legal Mass Limit? If No what was the reason given?

- Yes  
 No

Was the load secured in accord with requirements? Refer to the [NTC Load Restraint Guide](#) If No what was the reason given?

- Yes  
 No

Check in cabin camera equipment. Does the camera equipment comply with Transport for NSW requirements? If No what was the reason given?

- Yes  
 No  
 N/A

Please scan and email completed form to: hvtraining@rms.nsw.gov.au

## Applicant Questioning

Do you have previous heavy vehicle driving experience?  
Provide details

During training and/or assessment were clear directions and instructions delivered in English by the Trainer and/or Assessor? If No please specify

- Yes  
 No

## Demonstration of Criteria

Please select one of the following criteria for the applicant to demonstrate:

### Criteria 1 - Pre-Operations Checks

Applicant was competent

- Yes  
 No

Comments

### Criteria 2 - Cabin Drill

Applicant was competent

- Yes  
 No

Comments

**Criteria 3 - Load Securing** (if a static unit was used and not near, question the applicant about what they did and record the answer)

Applicant was competent

- Yes  
 No

Comments

Ask the Applicant how they completed Criteria 11 - Long Reverse. Record their answer (record N/A below if not yet completed)

Ask the Applicant if and what other reversing manoeuvre was completed. Record their answer (record N/A below if not yet completed)

Ask the Applicant about how they completed Criteria 12 - Hill Stop/Start Record their answer (record N/A below if not yet completed)

Ask the Applicant about how they completed Criteria 14 - Coupling/Un-Coupling (if applicable) Record their answer

Ask the Applicant about how they completed Criteria 15 - Bus Stop Skills? (if applicable) Record their answer

## Check Learner and Assessor Log Books

Is the Learner Logbook completed correctly? If No, record the reason why

- Yes  
 No

Is the Assessor Logbook completed correctly? If No, record reason why

- Yes  
 No

Is the Trainer Assessor unsure of any current procedures or are there any difficulties being experienced when conducting training or assessment?

- Yes  
 No

Does the Trainer/Assessor have any training needs or professional development when conducting training or assessment? If Yes, record details

- Yes  
 No

Feedback has been provided to Trainer/Assessor

- Verbally                      In writing  
 Yes    No             Yes    No

Record details of any remedial action required

I hereby declare this form has been read by me and understood. The statements in this report are, to the best of my knowledge, true, correct and accurate in every detail. I understand failure to comply with all the relevant Acts and Regulations governing the operation of Heavy Vehicles Competency Based Assessment and any additional requirements which may be imposed by Transport for NSW from time to time may result in the immediate cancellation, suspension or variation of the HVCBA agreement. I consent to the disclosure, by Transport for NSW, of information needed to verify the details I have given in this report. I acknowledge any information obtained as part of this process may be required by Australian Police Services for law enforcement purposes. Further, I give authority for Transport for NSW to obtain details of any matters, which may be relevant to this report, or during the currency of the accreditation, relevant to the suspension, cancellation or for any audit or review of the accreditation.

Signature of RTO Representative

Date

Signature of Trainer/Assessor

Date

Signature of Applicant

Date