RTO Location Visit Report

RTO Name:
RTO Representative carrying out the location visit: **Name:** **Driver licence number:** **Driver Instructor licence number:**
Name of Trainer : **Driver licence number:** **Driving Instructor licence number:**
If an FCA/CT location is being visited: **Assessor name:** **Driver Licence number:** **Driving Instructor Licence number:** **FCA/CT conducted by Assessor/ RTO Representative (cross out one)**
Applicant name: **Applicant licence number:** **Applicant Learner Log Book number:**
Licence class being attempted:
Route number (if FCA/CT location):
Training Course or FCA/CT Location:

I declare that the location and conditions for the Training Course/Assessment (cross out one) 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 of RTO Representative:

Date:

Report:

Please include details of the following:

1. HVCORS FCA/CT booking code and date of In-Cabin Camera footage reviewed prior to Training Course FCA/CT location visit
2. Vehicle roadworthiness and general condition
3. Vehicle configuration and type
4. Vehicle load – weight and security.
5. Question the Applicant or request completion of the following items:
    a. What is their previous heavy vehicle driving experience?
    b. Training Course duration, start finish times, breaks, locations and if clear direction and instruction has been delivered by Trainer and/or Assessor
    c. Request the applicant to complete Criteria 1 - Pre-Operational Checks
    d. Request the applicant to complete Criteria 2 - Cabin Drill
    e. Question the applicant about how they completed Criteria 11 – Long Reverse?
    f. Question the applicant if and what other reversing manoeuvre was completed?
    g. Question the applicant about how they completed Criteria 12 - Hill Stop/Start?
    h. Request the applicant to complete Criteria 13 –Load Securing (if a static unit was used, question the applicant about what they did)
    i. Question the applicant about how they completed Criteria 14 – Coupling/Un-Coupling (if applicable)?
    j. Question the applicant about how they completed Criteria 15 – Bus Stop Skills? (if applicable)

6. Check Learner and Assessor Log books to ensure accuracy of entries
7. Check in cabin camera equipment is fitted and complies with Roads and Maritime requirements
8. Details of any serious non-compliance identified
9. Discuss with Trainer/Assessor:
    a. Any difficulties being experienced?
    b. Any required training needs/professional development?
    c. Individual RTO requirements/procedures?
    d. Provide feedback to Trainer or Assessor

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 RMS from time to time may result in the immediate cancellation, suspension or variation of the HVCBA agreement. I consent to the disclosure, by RMS, 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 RMS 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**