TELSTRA - INDIVIDUAL APL AUDIT SHEET - FEB/MAR 2010

EXISTING TELSTRA ID					
Telstra Accreditation number					
Number of years as APL					
	COMPANY DETAILS				
Company/Council/Utility Name					
Number of Employees (APL)					
Postal Address					
State/postcode					
Email address					
ABN or ACN #		-			
Professional Indemnity		-			
Public Liability					
Workers Comp					
Workers comp	EMPLOYEE DETAILS				
Name	EMI LOTEE DETAILS				
Drivers Licence #					
Mobile phone #					
OHS Card #					
Manual Handling training					
Confined Space training					
Pedestrian/Traffic management					
EQUIPMENT NEEDED	Denotes inspection required	Tick if shared unit (SU)			
*Cable locator					
Model #					
Serial #					
Calibration date					
*Gas Detector (4 x gases)					
Model #					
Serial #					
Calibration date					
Breathing Apparatus					
Model #					
Serial #					
Calibration date					
ACCESSORIES NEEDED	Denotes inspection required	APL initial if compliant			
*Manhole Guards (2 minimum)	Denotes inspection required				
Witches Hats (4 minimum)					
Ladder (non metallic)					
*Telstra manhole keys (2 correct height)		+			
*Pit cover plug removal tools		+			
*Pit seal breaker (tool)					
Submersible pump & hose		+			
Environmental protective equipment (itemise)		+			
Pedestrian management (itemise)		+			
		+			
Traffic management (itemise)		+			
Fire Extinguisher (state type)		+			
First Aid Kit		+			
*Sharps Kit & Gloves		+			
UV Protection					
Broom					
Shovel					
High Viz work wear					
Audit process date / / 2010	Facilitators Name:	Sign:			







TELSTRA - GROUP APL AUDIT SHEET - FEB/MAR 2010

PERSONAL DETAILS

EXISTING TELSTRA ID				
Telstra accreditation number for company/council				
Number of years the company has been an APL provider:				
COMPANY DETAILS				
Company/Council/Utility Name				
Number of Employees (APL)				
Postal Address				
State/Post code				
Email address				
ABN or ACN #				
Professional Indemnity				
Public Liability				
Workers Comp				

EMPLOYEE DETAILS					
Name of employees	Drivers Licence #	OHS card #	Manual Handling training	Confined Space Training	Pedestrian/Traffic management



EQUIPMENT



EQUIPMENT NEEDED		Please st	Please state if equipment is shared unit (SU)		
Cable locator	Model #	Serial #	Calibration date		
Gas detector (4 x	36.33.11	G . 1 "			
gases)	Model #	Serial #	Calibration date		
Proofbing Appointing	Model #	Serial #	Calibration date		
Breathing Apparatus	Ινίους: π	Scriai π	Cantil atton date		
Extra equipment	Model #	Serial #	Calibration date		

ACCESSORIES NEEDED	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Manhole Guards (minimum 2 per vehicle)				
Witches Hats (minimum 4 per vehicle)				
Telstra manhole keys (2 correct height)				
Ladder (non metallic)				
Pit cover plug removal tools				
Pit seal breaker (tool)				
Submersible pump				
Environmental protective equipment				
Pedestrian management (itemise)				
Traffic management (itemise)				
Fire Extinguisher				
First Aid Kit				
Sharps Kit				
UV Protection				
Broom				
Shovel	_			
High Viz work wear				
Audit process carried (date) / /	Facilitators name:		Sign:	



