

# CSTP **WORKPLACE** Observed Safety Behaviour Confirmation



This form is to confirm that the workplace observation requirements of CSTP have been met by the participant named below.

<b>Employee Name</b>			<b>DOB</b> (dd/mm/yyyy)	
<b>Contact Details</b>	<b>Phone</b>		<b>Email</b>	
<b>Mailing Address</b> (CSTP card to be sent to)				
<b>Current Employer</b>			<b>Employee ID #</b>	
<b>Site/Operator of facility</b>			<b>Vantage POB #</b>	

The CSTP participant named above has been observed demonstrating the behaviour requirements in the areas below as per CSTP training Modules:

- Work within safety systems and processes
- Hazard identification and risk management
- Contribute to safe working practices
- Respond to workplace incidents

The *Workplace Observation Checklist* has been kept by the organisation and the CSTP participant as a record of these observations. The checklist will be made available to the Independent Reviewer, if requested, to facilitate the CSTP Workplace Compliance Review.

<b>Observer name</b>			
<b>Observer Organization</b>			
<b>Observer signature</b>		<b>Date:</b>	

This document must be emailed to [IFAP via AdminSupport@ifap.asn.au](mailto:AdminSupport@ifap.asn.au).

NOTE: The Common Safety Training Program Card cannot be issued on the basis of this document alone. The specified training organisation safety behaviours must be demonstrated before the CSTP Card can be issued.

For further information on CST Program, please visit: [www.cstp.com.au](http://www.cstp.com.au)