AHCARB312B Standard Climbing Log Record

Logbook Record Details		CANDIDATE Name:		Organisation: Contact No:	
Date [day/m/y]	**Risk assessment (no.)**	**Standard climbing techniques used**	**Climbing (hours)**	**Name of supervisor**	**Signature of supervisor**

Note: It is an industry requirement for competency in this unit that assessment includes a log record, verifying **two hundred (200) hours** of standard climbing performed by the candidate.

[Supervisor to complete]	**Total standard climbing hours:**		**Date completed:**	

It is an industry requirement that delivery of training and assessment in this unit provides for the explicit conditions of work team capability for aerial rescue operations.

Comments:

SUPERVISOR Name:		SUPERVISOR Signature:	