# Statement of experience

**Restricted quarry manager – 42 shifts in drilling and use of explosives on a mine where quarry operations are carried out**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: DETAILS OF EXPERIENCE**  **Minimum experience requirement is the completion of 42 fulltime shifts in drilling and use of explosives on a mine where quarry operations are carried out. Experience in a supervisory role cannot be considered. Experience must be gained as a member of a blasting crew.** | | | | | | |
| **CANDIDATE NAME** | Click or tap here to enter text. | | | | | |
| **Name of employer and minesite**  **Use a separate template for each employer**  **Use separate line for each role** | | **Experience in drilling and use of explosives**  **Provide a brief description of the duties undertaken in role** | | | **Dates in the role**  **dd/mm/yyyy to dd/mm/yyyy**  **Include number of shifts in role** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
|  | | | **Total number of shifts completed**  **Minimum 42 shifts required** | Click or tap here to enter text. | | **Shifts** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: CERTIFICATION OF EXPERIENCE AND COMPETENCY**  **To be completed by the Manager and the Superintendent from the site where the candidate gained experience on** | | | | | | |
| Name of Manager | Click or tap here to enter text. | | Name of Superintendent | Click or tap here to enter text. | | |
| Work phone Number | Click or tap here to enter text. | | Work phone Number | Click or tap here to enter text. | | |
| Work email address | Click or tap here to enter text. | | Work email address | Click or tap here to enter text. | | |
| Statutory certificate number (optional) | | Click or tap here to enter text. | Supervisor examination number (optional) | | | Click or tap here to enter text. |
| **Please provide a brief overview and confirmation of the candidate’s competency in the roles listed in Section 1. (Mandatory)** | | | **Please provide a brief overview and confirmation of the candidate’s competency in the roles listed in Section 1.(Mandatory)** | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Manager signature** |  | | **Superintendent signature** | |  | |
| **Date** | Click or tap here to enter text. | | **Date** | | Click or tap here to enter text. | |
|  | | | | | | |