

SOME HELPFUL GUIDANCE FOR THOSE EMPLOYING RIGGERS

Below is a copy of the new log book which every rigger undertaking training must carry. Please assist the riggers in completing this as comprehensively as possible. Also always make sure you ask for proof of competence which can be checked at www.jigs.org.uk or by contacting BECTU on 020 7346 0900.

NAME OF PRODUCTION:

Production Company:

Engagement commenced:finished

Total period workedweeksdays

Please indicate where applicable the number of weeks/days worked in the following areas:

A. Studio/Base:weeksdays

B. Non-resident locationweeksdays

C. Resident locationweeksdays

Please indicate below the work undertaken in relation to the categories set out in the rules of the scheme

- A. Scaffolding Basis; B. Mobile Scaffolding; C. Towers etc.;
- D. Spotting Cradles; E. Hanging Scaffolds; F. Trussouts;
- G. Lifting Operations

	Yes	No	Good	Average	Poor
A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Production Title and company name must be clearly shown

This must be completed to show length of the engagement

Riggers should gain experience in all these operations during their training

GENERAL APPROACH/ATTITUDE TO WORK

Good Average Poor

GENERAL ABILITY/APTITUDE

Good Average Poor

GENERAL COMMENTS

Where appropriate, please indicate any specialised area of work

.....

Use this section to include comments about any specialism, Skills gained or general competence

Signed: Date:.....

Head of Department

Full name (block capitals)

Signed: Date:.....

Producer/Production Manager/Construction Manager

Full name (block capitals)

Should be signed by a senior member of the production team

The production signatory is simply confirming the individual worked on the named production for period shown and that they made any general comments ascribed to them that should also be initialled above.

