



## HERS Portfolio

### Oral Questions for on Site Assessment

|                            |  |
|----------------------------|--|
| Employee Name:             |  |
| Date & Time of Assessment: |  |

|                         |       |
|-------------------------|-------|
| Location:               | Task: |
|                         |       |
| Competency Element No.: |       |

|    | Oral Question | Response and Comments |
|----|---------------|-----------------------|
| 1. |               |                       |
| 2. |               |                       |
| 3. |               |                       |
| 4. |               |                       |

|                            |  |            |  |
|----------------------------|--|------------|--|
| Qualified Supervisor Name: |  |            |  |
| Signature:                 |  | QS Number: |  |