# Case Study Task 2 – Assessor’s Checklist

*(This form is for the assessor’s use only)*

## **Purpose**

This *Assessor’s Checklist* lists the specific criteria that the candidate’s submission for **Case Study Task 1** must satisfactorily meet.

This form is to be completed by the candidate’s assessor to document their assessment of the candidate’s submission in Case Study Task 1.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to do the following for the incident and corresponding injuries that happened during the simulated emergency situation:

1. Write a report with all the necessary details relevant to the incident that happened and the injuries resulting from the incident according to your organisation’s procedures.
2. Report the incident and corresponding injuries to designated persons according to your organisation’s procedures.

In this task, the candidate will be assessed on:

* Their practical knowledge of incidents and injuries that can happen in the workplace.
* Their practical skills in reporting incidents and injuries to designated persons according to organisational procedures.

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to organisational procedures for reporting incidents and injuries in the workplace and discuss these with the candidate.
* Contextualise the criteria in this checklist to reflect these organisational procedures.
* Organise workplace resources required for the candidate to complete this assessment.
* Discuss this assessment task with the candidate, including the criteria they need to meet to complete this task satisfactorily.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Review the candidate’s Accident Report (or similar workplace document) submission detailing the incident and corresponding injuries in the workplace.
* For each criterion listed in this checklist:
  + Tick YES if you confirm the candidate’s submission satisfactorily meets the criterion.
  + Tick NO if you confirm the candidate’s submission does not satisfactorily meet the criterion.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will be helpful in addressing any area/s for improvement.

### After the assessment

* Complete all parts of the *Assessor’s Checklist*, including the *Assessor Declaration* on the last page of this form. Your signature must be handwritten.

## **Candidate Details**

|  |  |
| --- | --- |
| Candidate name |  |
| Title/designation |  |

## **Assessor Details**

|  |  |
| --- | --- |
| Candidate is assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| The organisation’s procedures for reporting incidents in the workplace | Assessor to list relevant procedures here |
| The organisation’s procedures for reporting injuries in the workplace | Assessor to list relevant procedures here |
| Resources required for the assessment | Accident Report template  Designated persons to report incidents and injuries to  Volunteer to act as the client |

## **Candidate Assessment Briefing**

|  |  |
| --- | --- |
| Date of assessment briefing |  |

|  |  |
| --- | --- |
| **The assessor confirms:** | **YES/NO** |
| 1. They have discussed with the candidate the workplace task they are required to complete for this assessment. | YES  NO |
| 1. The candidate understands they will be assessed while completing this workplace task, as well as any document(s) they will complete as part of this task. | YES  NO |
| 1. They have discussed with the candidate instructions how they are to undertake the workplace task. | YES  NO |
| 1. They have provided the candidate guidance on how they can satisfactorily complete the task. | YES  NO |
| 1. They have discussed with the candidate the criteria (listed below) they are required to meet to complete the task satisfactorily. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Assessor’s Checklist

**Instructions to the Assessor:** Before the assessment, the criteria listed below must be contextualised further to reflect your organisation's procedures for reporting incidents in the workplace. Adapt or add more criteria below to ensure it reflects your organisation's procedures for reporting incidents in the workplace.

|  |  |  |
| --- | --- | --- |
| **The candidate’s Accident Report submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Follows organisational procedures for identifying incidents in the workplace   *Add more rows as needed* |  |  |
| * 1. Indicates the name of the person/s involved in the incident | YES  NO |  |
| * 1. Indicates details of when the incident happened | YES  NO |  |
| * 1. Includes a general description of the incident | YES  NO |  |
| * 1. Indicates what caused the incident | YES  NO |  |
| * 1. Indicates action taken in response to the incident | YES  NO |  |
| 1. Follows organisational procedures for identifying injuries in the workplace   *Add more rows as needed* |  |  |
| 1. Indicates the name of the injured person/s | YES  NO |  |
| 1. Indicates details of when the injuries happened | YES  NO |  |
| 1. Includes a description of the injuries (e.g. type, affected area, severity) | YES  NO |  |
| 1. Indicates action taken in response to the injuries | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Accident Report submission for this workplace assessment task.  I confirm that the information recorded on this *Assessor’s Checklist* is true and accurately reflects the candidate’s submission for this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study - Assessor’s Checklist