# Workplace Assessment Task 1 – 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 **Workplace Assessment 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 Workplace Assessment Task 1.

## **Task Overview**

For this task, the candidate is required to identify the following according to relevant organisational procedures:

1. Existing and potential hazards, including those related to manual handling
2. Client-related risk factors and behaviours of concern
3. Risks of infection

In this task, the candidate will be assessed on:

* Their practical knowledge of the hazards and risks relevant to their workplace in direct client care.
* Their practical skills in identifying hazards and risks relevant to their workplace in direct client care.

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents containing information relevant to identifying and recording the following and discuss these workplace documents with them:
  + Existing and potential hazards including those related to manual handling
  + Client-related risk factors and behaviours of concern
  + Risks of infection
* 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 following candidate’s submissions:
  + completed Hazards Identification
  + completed Risk Register
* 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 organisational procedures for identifying existing and potential hazards | Assessor to list organisational procedures here |
| The organisational procedures for recording existing and potential hazards | Assessor to list organisational procedures here |
| The organisational procedures for identifying manual handling hazards | Assessor to list organisational procedures here |
| The organisational procedures for identifying client-related risk factors and behaviours of concern | Assessor to list organisational procedures here |
| The organisational procedures for recording client-related risk factors and behaviours of concern | Assessor to list organisational procedures here |
| The organisational procedures for identifying risks of infection | Assessor to list organisational procedures here |
| Resources required for the assessment | Hazard Identification Form template  Risk Register template |

## **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

## **Hazard Identification Form**

| **The candidate’s Hazard Identification Form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Contains information relevant to identification of existing hazards in the workplace: |  |  |
| * 1. The identified existing hazard | YES  NO |  |
| * 1. Personnel affected by the hazard | YES  NO |  |
| * 1. Risks associated with the hazard | YES  NO |  |
| * 1. Control measures to be implemented for the hazards | YES  NO |  |
| * 1. Personnel who will implement the control measure | YES  NO |  |
| * 1. When the control measure will be implemented | YES  NO |  |
| 1. Contains information relevant to identification of potential hazards in the workplace: |  |  |
| 1. The identified potential hazard | YES  NO |  |
| 1. Personnel affected by the hazard | YES  NO |  |
| 1. Risks associated with the hazard | YES  NO |  |
| 1. Control measures to implement for the hazards | YES  NO |  |
| 1. Personnel who will implement the control measures | YES  NO |  |
| 1. When the control measures will be implemented | YES  NO |  |

| **The candidate’s Hazards Identification submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Contains information relevant to identification of manual handling hazards in the workplace: |  |  |
| 1. The identified manual handling hazards | YES  NO |  |
| 1. Personnel affected by the hazards | YES  NO |  |
| 1. Risks associated with the hazards | YES  NO |  |
| 1. Control measures to implemented for the hazards | YES  NO |  |
| 1. Personnel who will implement the control measure | YES  NO |  |
| 1. When the control measure will be implemented | YES  NO |  |
| 1. Follows organisational procedures for recording identified hazards   *Add more rows as needed*  **Assessor to contextualise the sub-criteria below to reflect the organisation’s procedures for reporting hazards and risks.** |  |  |
| 1. Follows the prescribed file name convention | YES  NO |  |
| 1. Avoids misspellings and typos | YES  NO |  |

## **Risk Register**

| **The candidate’s Risk Register submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Contains information relevant to client-related risks or behaviours of concern: |  |  |
| 1. Number identifier for the risk identified | YES  NO |  |
| 1. Date when the risk was identified | YES  NO |  |
| 1. Description of the risk identified | YES  NO |  |
| 1. Likelihood of the risk occurring | YES  NO |  |
| 1. Impact if the risk occurs | YES  NO |  |
| 1. Risk rating | YES  NO |  |
| 1. Contains information relevant to infection risks: |  |  |
| 1. Number identifier for the risk identified | YES  NO |  |
| 1. Date when the risk was identified | YES  NO |  |
| 1. Description of the risk identified | YES  NO |  |
| 1. Likelihood of the risk occurring | YES  NO |  |
| 1. Impact if the risk occurs | YES  NO |  |
| 1. Risk rating | YES  NO |  |
| 1. Follows organisational procedures for recording identified risks:   *Add more rows as needed*  **Assessor to contextualise the sub-criteria below to reflect the organisation’s procedures for reporting hazards and risks.** |  |  |
| 1. Follows the prescribed file name convention | YES  NO |  |
| 1. Avoids misspellings and typos | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Hazards Identification and Risk Register submissions 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 Workplace Assessment - Assessor’s Checklist