# Workplace Assessment Task 4 – 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 4** 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 4.

## **Task Overview**

For this task, the candidate is required to participate in two workplace safety meetings and two consultative activities and contribute to the development of safe workplace policies and procedures.

In this task, the candidate will be assessed on their:

* Their practical knowledge of workplace safety meetings and consultative activities.
* Their practical skills in the following:
  + participating in workplace safety meetings and consultative activities
  + contributing to the development of safe workplace policies and procedures

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to workplace safety meetings and consultative activities and discuss these documents with them.
* 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 Meeting Minutes for Workplace Safety Meeting 1
  + Completed Meetings Minutes for Workplace Safety Meeting 2
  + Completed Meetings Minutes for Consultative Activity 1
  + Completed Meetings Minutes for Consultative Activity 2
* 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 |  |
| Resources required for the assessment | Meeting minutes template  Colleagues to participate in workplace safety meeting  Health and safety representative to conduct consultative activities |

## **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 to reflect the information discussed during the meetings that the candidate conducted. Adapt or add more criteria below to ensure it reflects the discussions made during the two workplace safety meetings.

## **Meeting Minutes: Workplace Safety Meeting 1**

|  |  |  |
| --- | --- | --- |
| **The candidate’s Meeting Minutes submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Contains the following information relevant to workplace safety:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the meeting. Examples are provided below. |  |  |
| * 1. Comments and suggestions of meeting participants on existing safe work practices | YES  NO |  |
| * 1. Discussions on how recent WHS incidents were managed | YES  NO |  |
| * 1. Discussions on actions taken to eliminate or minimise recently reported hazards and risks | YES  NO |  |
| * 1. Discussions on newly identified workplace hazards and risks | YES  NO |  |
| * 1. Resolutions and action items made to address the identified hazards and risks | YES  NO |  |
| 1. Contains the following information regarding the development of safe workplace policies and procedures:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the meeting. Examples are provided below. |  |  |
| 1. Suggestions for additions or changes to safe workplace policies and procedures | YES  NO |  |
| 1. Comments of colleagues regarding their own experiences in complying with policies and procedures | YES  NO |  |
| 1. Recommendations on workplace safety best practices that can be included in procedures | YES  NO |  |
| 1. Discussions regarding the currency of compliance of policies and procedures with WHS legislation | YES  NO |  |

## **Meeting Minutes: Workplace Safety Meeting 2**

|  |  |  |
| --- | --- | --- |
| **The candidate’s Meeting Minutes submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Contains the following information relevant to workplace safety:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the meeting. Examples are provided below. |  |  |
| 1. Comments and suggestions of meeting participants on existing safe work practices | YES  NO |  |
| 1. Discussions on how recent WHS incidents were managed | YES  NO |  |
| 1. Discussions on actions taken to eliminate or minimise recently reported hazards and risks | YES  NO |  |
| 1. Discussions on newly identified workplace hazards and risks | YES  NO |  |
| 1. Resolutions and action items made to address the identified hazards and risks | YES  NO |  |
| 1. Contains the following information regarding the development of safe workplace policies and procedures:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the meeting. Examples are provided below. |  |  |
| 1. Suggestions for additions or changes to safe workplace policies and procedures | YES  NO |  |
| 1. Comments of colleagues regarding their own experiences in complying with policies and procedures | YES  NO |  |
| 1. Recommendations on workplace safety best practices that can be included in procedures | YES  NO |  |
| 1. Discussions regarding the currency of compliance of policies and procedures with WHS legislation | YES  NO |  |

## **Meeting Minutes: Consultative Activity 1**

Assessor to specify the consultative activity attended (e.g. consultation, fora etc.):

|  |  |  |
| --- | --- | --- |
| **The candidate’s Meeting Minutes submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Contains the following information relevant to workplace safety:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the consultative activity. Examples are provided below. |  |  |
| 1. Comments and suggestions of participants on existing safe work practices | YES  NO |  |
| 1. Discussions on how recent WHS incidents were managed | YES  NO |  |
| 1. Discussions on actions taken to eliminate or minimise recently reported hazards and risks | YES  NO |  |
| 1. Discussions on newly identified workplace hazards and risks | YES  NO |  |
| 1. Resolutions and action items made to address the identified hazards and risks | YES  NO |  |
| 1. Contains the following information regarding the development of safe workplace policies and procedures:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the consultative activity. Examples are provided below. |  |  |
| 1. Suggestions for additions or changes to safe workplace policies and procedures | YES  NO |  |
| 1. Comments of colleagues regarding their own experiences in complying with policies and procedures | YES  NO |  |
| 1. Recommendations on workplace safety best practices that can be included in procedures | YES  NO |  |
| 1. Discussions regarding the currency of compliance of policies and procedures with WHS legislation | YES  NO |  |

## **Meeting Minutes: Consultative Activity 2**

Assessor to specify the consultative activity attended (e.g. consultation, fora etc.):

|  |  |  |
| --- | --- | --- |
| **The candidate’s Meeting Minutes submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Contains the following information relevant to workplace safety:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the consultative activity. Examples are provided below. |  |  |
| 1. Comments and suggestions of participants on existing safe work practices | YES  NO |  |
| 1. Discussions on how recent WHS incidents were managed | YES  NO |  |
| 1. Discussions on actions taken to eliminate or minimise recently reported hazards and risks | YES  NO |  |
| 1. Discussions on newly identified workplace hazards and risks | YES  NO |  |
| 1. Resolutions and action items made to address the identified hazards and risks | YES  NO |  |
| 1. Contains the following information regarding the development of safe workplace policies and procedures:   Assessor to contextualise the sub-criteria below to reflect actual items discussed in the consultative activity. Examples are provided below. |  |  |
| 1. Suggestions for additions or changes to safe workplace policies and procedures | YES  NO |  |
| 1. Comments of colleagues regarding their own experiences in complying with policies and procedures | YES  NO |  |
| 1. Recommendations on workplace safety best practices that can be included in procedures | YES  NO |  |
| 1. Discussions regarding the currency of compliance of policies and procedures with WHS legislation | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Meeting Minutes 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