# Workplace Assessment Task 5 – 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 5** 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 5.

## **Task Overview**

For this task, the candidate is required to participate in two workplace safety inspections by examining the workplace to identify potential hazards that can be removed or avoided.

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

* Their practical knowledge of workplace safety inspections.
* Their practical skills in participating and contributing to workplace safety inspections.

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to workplace safety inspections and discuss these 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:
  + Workplace Inspection Checklist 1
  + Workplace Inspection Checklist 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 |  |
| The organisation’s procedures for workplace safety inspections | Assessor to list relevant procedures here |
| Resources required for the assessment | Workplace Inspection Checklist template  Supervisor or other colleague to perform the inspection with |

## **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

## **Workplace Inspection Checklist 1**

|  |  |  |
| --- | --- | --- |
| **The candidate’s Workplace Inspection Checklist submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Indicates that the safety inspection was done at a different date or time to what is indicated in Workplace Inspection Checklist 2 | YES  NO |  |
| 1. Indicates that safety checks were done for the following: |  |  |
| * 1. Corridors/Stairs | YES  NO |  |
| * 1. Storage | YES  NO |  |
| * 1. Electrical | YES  NO |  |
| * 1. Equipment | YES  NO |  |
| * 1. Ventilation | YES  NO |  |
| * 1. Hazardous substances | YES  NO |  |
| * 1. Manual handling | YES  NO |  |
| * 1. Lighting | YES  NO |  |
| * 1. Safety signs | YES  NO |  |
| * 1. Waste disposal | YES  NO |  |
| * 1. Infectious waste disposal | YES  NO |  |
| * 1. Fire/emergencies | YES  NO |  |
| 1. Includes an overall safety evaluation of the workplace | YES  NO |  |
| 1. Has signed supervisor declaration |  |  |
| 1. Indicates the supervisor’s name | YES  NO |  |
| 1. Indicates the date the checklist was signed | YES  NO |  |

## **Workplace Inspection Checklist 2**

|  |  |  |
| --- | --- | --- |
| **The candidate’s Workplace Inspection Checklist submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Indicates that the safety inspection was done at a different date or time to what is indicated in Workplace Inspection Checklist 1 | YES  NO |  |
| 1. Indicates that safety checks were done for the following: |  |  |
| 1. Corridors/Stairs | YES  NO |  |
| 1. Storage | YES  NO |  |
| 1. Electrical | YES  NO |  |
| 1. Equipment | YES  NO |  |
| 1. Ventilation | YES  NO |  |
| 1. Hazardous substances | YES  NO |  |
| 1. Manual handling | YES  NO |  |
| 1. Lighting | YES  NO |  |
| 1. Safety signs | YES  NO |  |
| 1. Waste disposal | YES  NO |  |
| 1. Infectious waste disposal | YES  NO |  |
| 1. Fire/emergencies | YES  NO |  |
| 1. Includes an overall safety evaluation of the workplace | YES  NO |  |
| 1. Has signed supervisor declaration |  |  |
| 1. Indicates the supervisor’s name | YES  NO |  |
| 1. Indicates the date the checklist was signed | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Workplace Inspection Checklist 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