# Workplace Assessment 3.1 – 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 3.1** 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 3.1.

## **Task Overview**

For this task, the candidate is required to Identify and report hazards in the environment the nominated people frequent (i.e. their room, the garden, the common area) according to organisational procedures.

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

* Practical knowledge relevant to hazards.
* Practical skills relevant to identifying and reporting hazards

## **Instructions to the Assessor**

### Before the assessment

* Provide the Hazard Identification Form template.
* 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 Hazard Identification Form
* 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**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Workplace/organisation |  | |
| Resources required for the assessment | Organisation/workplace (or similar environment) where the candidate will complete this assessment  Organisational procedures for reporting hazards  Hazard Identification Form 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

|  |  |  |  |
| --- | --- | --- | --- |
| This task is done for | Client A | Client B | Client C |

|  |  |  |
| --- | --- | --- |
| **The candidate’s Hazard Identification Form submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Records the place checked for hazards. | YES  NO |  |
| 1. Records who prepared the document | YES  NO |  |
| 1. Records date prepared | YES  NO |  |
| 1. Identifies hazards found. | YES  NO |  |
| 1. Identifies affected persons. | YES  NO |  |
| 1. Identifies associated risks of the hazards. | YES  NO |  |
| 1. Contains control measure for implementation to address the hazard. | YES  NO |  |
| 1. Contains the name of the personnel who will implement the control measure. | YES  NO |  |
| 1. Indicates the deadline for implementation of the control measure | YES  NO |  |

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