# Workplace Assessment Task 3.1 – Observation Form

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

## **Purpose**

This *Observation Form* lists the practical skills that the candidate must demonstrate/perform while completing **Workplace Assessment Task 3.1.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 3.1.

## **Task Overview**

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

* Contextualise the criteria in this observation form so that they reflect:
  + The actual workplace environment where the candidate is completing this assessment, including their workplace’s standards, policies, and procedures.
  + The simulated scenario that the candidate is responding to.
* Discuss this assessment task with the candidate, including the practical skills they need to demonstrate and the criteria for satisfactorily demonstrating each skill.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Observe the candidate as they complete the Workplace Assessment Task.
* For each practical skill listed in this observation form:
  + Tick YES if you confirm you have observed the candidate demonstrate/perform the practical skill.
  + Tick NO if you have not observed the candidate demonstrate/perform the practical skill.
* If you ticked YES, provide the date when you observed the candidate demonstrate the skill.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will help address any area/s for improvement.

### After the assessment

* Complete all parts of the *Observation Form*, 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 observed and assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Mode of observation | Direct observation | Observation via video recording |
| Workplace/organisation |  | |
| Resources required for the assessment | Organisation/workplace (or similar environment) where the candidate will complete this assessment  Organisational policies and procedures for reporting hazards  Hazard Identification Form  Supervisor | |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  State/territory legislation, regulations, and standards  Workplace systems, policies, and procedures  Others (please specify):  Summary:  Assessor to provide a summary of the contextualisation done here | |

## **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 practical skills (listed below) they are required to demonstrate while completing this task. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Observation Form

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

| **While assisting the person** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reports the hazard according to organisational policies.   This involves doing the following:  **The assessor must contextualise the criteria below to reflect organisational policies for reporting hazards.** |  |  |  |
| 1. Notifying the relevant health and safety representative that they will conduct hazard identification in the area. | YES  NO |  |  |
| 1. Working with the relevant health and safety representative to update hazard identification records. | YES  NO |  |  |
| 1. Reviewing relevant procedures after conducting hazard idetification. | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **While assisting the person** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate reports the hazard according to organisational procedures.   This involves doing the following:  **The assessor must contextualise the criteria below to reflect organisational procedures for reporting hazards.** |  |  |  |
| 1. Putting up a sign or marker (e.g. wet floor sign, yellow tape, note) to warn others of the hazard identified. | YES  NO |  |  |
| 1. Taking a picture, video or other forms of documentation for evidence. | YES  NO |  |  |
| 1. Reporting the hazards directly to the supervisor. | YES  NO |  |  |
| 1. Completing a copy of the hazard identification report form. | YES  NO |  |  |
| 1. Submitting the hazard identification form within 24 hours of notification. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, report hazards according to organisational policies and procedures.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of the workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment – Observation Form