|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | |  | | |
| **Date:** | |  | | |
| **TASK:** | **Hand Tools** | | | **Stage of stages in task** |
| TA: |  | | | |
| **Name of Assessor:** | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A Skill level of**...A...B...C...D...E...**  Indicate level using underpinning work skill guide  **Steps requiring skill level :List by step number**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   **Office use only** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Assistance coding;**  0=no assistance/fully independent  1=indirect verbal prompts/instructions  2=gestural prompts  3=direct verbal prompts/instructions  4=model style prompting  5=physical prompting MINIMAL  6=physical prompting FULL assistance  7=not complaint/failed task  N/A=not applicable | OBSERVATION DATES | | | | | | | | | | | | | OHS requirements   * Safety Glasses * Gloves; Tech/Riggers, * Steel capped boots * Sun protection |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Staff initials**; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | STEPS | ASSISTANCE REQURED | | | | | | | | | | | | |
| **1** | Use of OHS requirements |  |  |  |  |  |  |  |  |  |  |  |  |  | SUPERVISOR:   * Pre – safety checks |
| **2** | Using hose and correct attachments |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Applying correct amounts of water to pots or garden |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | Safe use of all tools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Correct storage of rakes, spades, forks, secateurs and hose reel |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Correct manual handling |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Comments:**

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