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| **Name:** | |  | |
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| **TASK:** | **Polsol Production** | | **Stage 1 of 3 stages in task** |
| TA; | Filling bags | | |

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| A Skill level of**...A...B...C...D...E...**  Indicate level using underpinning work skill guide  **Requiring task skills of:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |

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|  | **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 | | | | | | | | | | | | | Associated JSA:  OHS requirements  Safety Glasses, Gloves;Tech/Riggers |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Staff initials**; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | OHS requirements;  Safety Glasses + 3M mask or Racal, Gloves;Tech/Riggers, | ASSISTANCE REQURED | | | | | | | | | | | | |
| **1** | Obtain (polsol) zip lock bag from pile of bags |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Undo top of bag |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Scoop ground polsol from drum using plastic bottle or scoop |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | Poor polsol from scoop into zip lock bag |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Repeat steps 3 and 4 until small plastic bag is 2/3 full with polsol from drum |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Check amount in bag – adjust if required |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Place bag of polsol in yellow tray next to heat sealer. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Repeat all steps until required amount is processed. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Comments:**

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| **Worker name** |  |
| **Assessed by** |  |
| **Date of Assessment** |  |
| **Nature of concern/issue**  Please provide written comments/supporting evidence\* relating to the application of the wage assessment process. Highlight any concerns surrounding the assessment of competency (core/industry) and/or productivity for each individual worker. | (Attach separate sheet if more space required) |
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| **Date of post assessment query** |  |
| Name of person completing post assessments |  |
| **Title** |  |

\* Supporting evidence refers to documented history, highlighting select items relating to your query.

This evidence will take the form of productivity records, and assistances recorded.