|  |  |
| --- | --- |
| **Name:** |  |
|  |
| **TASK:** | **CLEANING RACALS** | **Stage of stages in task** |
| TA; | Clean Racal Helmets / Visor Surround , Check own work |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assistance coding;**0=no assistance/fully independent1=indirect verbal prompts/instructions2=gestural prompts3=direct verbal prompts/instructions4=model style prompting5=physical prompting MINIMAL6=physical prompting FULL assistance7=not complaint/failed taskN/A=not applicable  | OBSERVATION DATES  | Associated JSA:OHS requirementsGloves; Rubber Riggers |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Staff initials**; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OHS requirements;Rubber gloves, Apron. **Mop up water on floor** | ASSISTANCE REQURED |
| **1** | Designate a shelf by colour code & maintain working on this shelf – all persons to contribute to bottom shelf.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Take visor from trolley & place in sink |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Using soft cloth; Clean visor / surround inside & out  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | **Rinse gloves & visor under clean, running cold water, check visor for dirt marks.** Spot clean if required |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Place on wall rack to drain. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Take corresponding Racal from trolley & place in sink |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Using Green scrubber; Clean Racal inside/outsidePaying special attention to all recessed areas on helmet and sticker including residue |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | **Rinse helmet under clean, running cold water, check for dirt marks & sticker residue.** *At times spot cleaning may be required; around recessed areas and to remove sticker residue completely*  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | Place on drying rack when clean.Allow to drain. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** | Double check Racal & Visor for quality cleaning. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** | Employee check own work. Spot clean & rinse if required. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** | Return Racal to correct position on trolley.*Matching names inside helmet with name on bag.* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1****3** | Repeat steps 2 to 12 until required amount of helmets are completed  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14**  | Empty & rinse out sink. Clean apron when finished |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Comments:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **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) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **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.