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| **Name:** |  |
|  |
| **TASK:** | **Shower curtains** | **Stage 1 of 2 stages in task** |
| TA; | Turning automatic showers **OFF** and **ON** |

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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 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  | **#** This is designed for a single operator however it usually completed by a team of 2. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Staff initials**; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | OHS requirements;Safety Glasses, non-slip work boots | ASSISTANCE REQURED |
| **1** | Using key unlock cleaners room & enter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | On the wall directly in front. Locate the two on/off switches for the north & south showers.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Locate the switch that is related to the area of curtains being undertaken. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | Turn the required switch to the **RIGHT** this will be the **OFF** position.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Exit cleaners room and shut door  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Check showers in that area are not operating. Prior to removing curtains by flagging auto censers in shower cubical.Repeat steps if required.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Once area is completed repeat steps 2-3 & 4 reengaging switch to the **LEFT - ON** position.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Exit cleaners room.Lock door & remove key. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | Return key to office & record area completed on sheet. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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.