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| **Name:** |  |
|  |
| **TASK:** | **Dryer** | Stage **1 of 1** stages in task |
| TA; | Operating dryer |

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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  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
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|  | **Staff initials**; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | OHS requirements;Safety Glasses, Rubber gloves.  | ASSISTANCE REQURED |
| **1** | *Lift flap at top of dryer and check that dial to the right, is set on required temperature setting.*  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Temperate; adjust turn temp dial to red arrow on- red for high, green for low.  *If unable to reach ask for assistance.*  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Open dryer door and place items from washing machines into dryer  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | Close door |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Turn dial on outside of dryer clockwise.This will start the dryer  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | To check dryer contents or to add contents dryer must be turned off.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Turn dryer off by turning outside dial to anticlockwise until it stops. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Wait for dryer barrel to stop rotating before opening door. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | Open door and check items to see if they are dry.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** | Remove when completely dry. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** | Repeat steps 4 to 9 until dry.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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.