



2. Working safely

Observation form

Trainee instructions

This is a practical on-job task. Ask your verifier (who may also be your supervisor) or assessor to complete the observation form for this task. They will observe you while you:

- participate in a real or trial evacuation. You must make sure you follow your organisation's policies and procedures during the evacuation
- apply safe work practices as part of your daily work.

Important note: Read over the observation form so you are familiar with the performance your verifier/supervisor and assessor expects to see.

You may also attach evidence from work you have done already to support your competence. However, this is optional.

If you do add optional evidence, tick the evidence you are submitting below. Attach it to your assessment, with the task number clearly marked. Evidence may include:

- ☐ reporting forms
- ☐ feedback forms from customers
- ☐ feedback from other staff
- ☐ other (specify):

Verifier/supervisor and assessor instructions

- If the trainee has not participated in a real or trial evacuation within the past 12 months, a drill or trial evacuation must be set up to assess this task.
- Complete this form after observing the trainee actively participating in an evacuation and/or after reviewing the documentation provided by the trainee.
- Complete the observation form to confirm that the trainee's actions consistently meet the unit standard requirements.
- You may wish to talk to others who have worked with the trainee, and ask them questions about the trainee that relate to the checklists in the observation form. Their comments and feedback provide valid evidence.

Trainee name	
---------------------	--

Skills/tasks to be demonstrated

The trainee:

- ☐ actively participated in a real or trial evacuation and followed the correct workplace safety procedures and practices.

Date of participation:



2. Working safely

Observation form

Assessor or verifier/supervisor comments and feedback specific to the performance of this task:

The trainee applied safe work practices marked below in accordance with their role and workplace requirements. Tick all that apply and provide comments on the trainee's performance.

- | | |
|--|--|
| <input type="checkbox"/> Wearing personal protective equipment | <input type="checkbox"/> Manual handling |
| <input type="checkbox"/> Handling equipment | <input type="checkbox"/> Working in a confined space |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Pool water quality testing |
| <input type="checkbox"/> During maintenance | <input type="checkbox"/> Hazardous substance storage and usage |
| <input type="checkbox"/> With other staff | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Client and facility safety and security | |

Assessor or verifier/supervisor comments and feedback specific to the performance of this task:

Verifier/supervisor details

Name:

Date:

Signature:

Assessor details

Name:

Date:

Signature: