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| **Name:** | |  | |
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| **TASK:** | Use of Gerni Machine | | **Stage 1 of 1 stage in task** |
| TA: |  | | |

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| A Skill level of**...A...B...C...D...E...**  Indicate level using underpinning work skill guide  **Steps requiring skill level :List by step number**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |

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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  Gloves; Rubber  Ear Plugs  Plastic Aprons  Rubber Boots |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
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|  | **Staff initials**; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | STEPS | ASSISTANCE REQURED | | | | | | | | | | | | |
| **1** | Put earplugs on, Rubber boots & plastic  apron over clothes. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Check correct safety lead is attached  Unwind extension cord |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Unwind gerni pressure hose |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | Plug in extension cord to power |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Connect water hose to gerni machine |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Turn on power |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Check safety switch is on |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Turn knob on Gerni machine to ON |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | Holding onto pressure hose wand, press trigger, backward & forward motion 30cm  Until floor area clean. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** | Turn knob to OFF on gerni machine |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** | Turn off water tap |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** | Turn off Electricity |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** | Disconnect water hose from machine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** | Wind up gerni hose |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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.