

**SUPERVISE HOUSEKEEPING AND**

**HYGIENE IN A STORE**

**LEARNER WORKBOOK**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**U/S 118029**



|  |  |
| --- | --- |
| **LEARNER NAME AND SURNAME:** |  |
| **LEARNER ID NUMBER:** |  |
| **EMPLOYER NAME:** |  |
| **DATE OF SUBMISSION TO FACILITATOR:** |  |
| **FACILITATOR EVALUATION OUTCOME (RM/RNYM)** |  |
| **ASSESSOR ACKNOWLEDGE**  **RECEIPT: Signature** |  |



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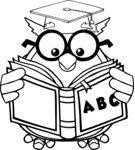
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| **LEARNER WORKBOOK INSTRUCTIONS** |
| **118029: Supervise Housekeeping and Hygiene in a Store** |

1. This **LEARNER WORKBOOK** contains the:

**Formative Activities**



ACTIVITY 1



Formative **Knowledge Questionnaire** – theory questions

**GENERAL NOTES:**

1. You must submit the Learner Workbook to the Assessor on the dates agreed upon in your assessment plan

1. You need to complete the **Authenticity page** in each Learner Workbook

1. Should the Assessor indicate that you need to make corrections to your activities to meet the requirements, you need to arrange a re-submission date with the Assessor

1. You MUST complete ALL the ACTIVITIES successfully to be deemed COMPETENT for the unit standards.

1. You will not be allowed to proceed to the SUMMATIVE ASSESSMENT unless ALL your FORMATIVE TASKS meet requirements.

1. Your Facilitator and Assessor will give you TWO opportunities to submit a task

1. All signatures must be retrieved where requested – retrieve this on a daily basis from the workplace

1. **Activities must be completed in the Learner Workbook** and NOT in the Learner Guide.

**3**

**FORMATIVE ASSESSMENT RECORD SHEET FOR: 118029: Supervise Housekeeping and Hygiene in a Store**

**Facilitator will record your results for the Knowledge Test in the table below.**

|  |  |
| --- | --- |
| LEARNER NAME AND SURNAME | KNOWLEDGE TEST 1  TOTAL: ……/45 |
|  |  |
| ***(%)*** |  |
| ***RM/RNYM*** |  |

|  |  |
| --- | --- |
| **FACILITATOR NAME AND SURNAME:** |  |
| **FACILITATOR SIGNATURE:** |  |
| **FACILITATOR COMMENT:** |  |
| **ASSESSOR NAME AND SURNAME:** |  |
| **ASSESSOR SIGNATURE:** |  |
| **ASSESSOR COMMENT** |  |
| **ASSESSOR SIGN OFF DATE:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEARNER WORKBOOK CHECKLIST**  **Supervise Housekeeping and Hygiene in a store: 118029** | | | | | |
| **Item** | **INDICATOR** | **LEARNER CHECK (****)** | **FACILITATOR CHECK: (****)** | **REQUIREMENTS**  **MET (YES OR NO. If NO, please indicate action)** | **EVIDENCE REQUIREMENTS** |
| 1 | LWBK Act 1 |  |  |  | Copy of OHS Act  Completed questions  Completed Report  Table with findings and solutions |
| 2 | LWBK Act 2 |  |  |  | Case Study: Completed questions |
| 3 | LWBK Act 3 |  |  |  | Completed questions  List of fixed assets  Copy of the front/first page and content page of your store’s asset register  Stamp the copy and get the  Supervisor/Coach to sign and date it |
| 4 | LWBK Act 4 |  |  |  | Maintenance Policy Front Page and Index page of the policy |
| 5 | LWBK Act 5 |  |  |  | Completed table: Hygiene improvement Action Plan as per  supplied table  Copy of front page and any other relevant pages of Hygiene policy |
| 6 | LWBK Act 6 |  |  |  | Hygiene Policy Completed table |
| 7 | LWBK Act 7 |  |  |  | Completed questions |
| 8 | LWBK Act 8 |  |  |  | Completed questions |
| 9 | LWBK Act 9 |  |  |  | Completed questions |
|  | Please sign at the bottom of each checked column: |  |  |  |  |

**DECLARATION OF AUTHENTICITY OF EVIDENCE GATHERED FOR SUPERVISE**

**HOUSEKEEPING AND HYGIENE IN A STORE UNIT STANDARD PORTFOLIO OF**

**EVIDENCE**

LEARNER NAME AND SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# UNIT STANDARDS: 118029: Housekeeping and Hygiene

DECLARATION:

I hereby declare that the PORTFOLIO Instrument with regard to the above mentioned Unit standards was compiled by me, the undersigned, and that an assessor explained the procedure to me prior to the instrument being given.

I declare that the Portfolio was done fairly and that I compiled and completed the documents without / with minimal assistance.

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEARNER FACILITATOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSESSOR ACKNOWLEDGEMENT (signature)

# ACTIVITY 1 (SO 1 AC 1, AC 4)

**1**

1.1 Obtain a copy of the Occupational Health and Safety Act.

* State the purpose of the ACT
* List the main areas/sections of the ACT and write a brief explanation to explain what each section states

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## Health and Safety Practices

1.2 Obtain a copy of your organizations Health and Safety Practices **(SO2 AC 1,2,3)**  Insert a copy of the front page and the content page in your Portfolio.

 Summarise your organizations policy briefly, stating its purpose, main areas that it addresses and briefly how it is implemented and monitored in the store

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1.3 Identify all non-compliances by your organization/store in the form of a report in order to present to staff.

Please use Report Format below. If you have an in-store Safety Report, extract your information from such a Report and also attach a copy of the workplace Report or Meeting minutes of the last Safety meeting

## REPORT ON ORGANIZATION’S HEALTH AND SAFETY

Date of report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report compiled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person compiled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-compliance findings:

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From the findings identify possible solutions to non-compliance in the table below:

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| --- | --- |
| FINDING (Already mentioned above) | SOLUTION |
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**ROLE PLAYERS DETAILS AND SIGNATURES:**

|  |  |  |
| --- | --- | --- |
|  | Name and Surname | Signature |
| Safety Representative 1: |  |  |
| Safety representative 2: |  |  |
| Safety representative 3: |  |  |
| Sales Team  Supervisor/Coach: |  |  |
| Learner: |  |  |
| Assessor: |  |  |

# (SO 1 AC 2, AC 3)



**ACTIVITY**

**2**

## Case Study

Tim is a supervisor at a large retailer. He carries the keys for the store and it is his responsibility to unlock the store every morning. Tim arrived at work, was in the process of unlocking the door, when a gun was held to his back. He was told to enter the store and lock the doors behind him.

If you were in Tim’s situation, what steps would you take to deal with the armed robbery?

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# (SO 2 AC 1)

3.1 Make a list of all your companies fixed assets. (Minimum of 10)

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3.2 Do any of the assets listed need to be maintained and why? At least 2 examples

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**Evidence to be inserted**: Copy of the front/first page and content page of your store’s asset register

Stamp the copy and get the Supervisor/Coach to sign and date it

# (SO 2 AC 2, AC 3)



**ACTIVITY**

**4**

Retrieve your organisations **MAINTENANCE** policy and provide a brief **summary of the main sections**.

Mention the **purpose** of policy in your opening sentence.

## Insert a copy of the Front Page and Index page of the policy into this Portfolio

Briefly state what you would say is the **purpose of/reason for** maintenance in an organisation

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# (SO 3 AC 1, AC 2, AC 3)



**ACTIVITY**

**5**

5.1 Obtain a copy of your organizations **HYGIENE** policy. Insert a copy of the front page and any other relevant pages

5.2 Use/Complete the check list below to identify any deviations that are currently occurring at store level

5.3 Devise an ACTION PLAN for the purpose of rectifying the deviations that you have identified. Your ACTION PLAN must be documented in the TABLE below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criteria | Yes | No | Suggested Corrective Action Plan | People responsible | Timeframe for correction to have effect |
| 1. Are there suitable cleaning arrangements for my department? |  |  |  |  |  |
| 2. Are standards of cleanliness monitored to ensure that effective cleaning is being carried out? |  |  |  |  |  |
| 3. Are correct cleaning methods and materials being used for the appropriate areas? |  |  |  |  |  |
| 4. Are high wall surfaces, ceilings, ventilation ducts being periodically cleaned? |  |  |  |  |  |
| 1. Is the proper usage of cleaning chemicals provided for, i.e.    1. storage,    2. use of protective equipment,    3. adherence to manufacturers' recommendations and    4. staff awareness? |  |  |  |  |  |
| 6. Is equipment kept clean in good clean condition? |  |  |  |  |  |
| 7. General store appearance: does it meet housekeeping standards? |  |  |  |  |  |
| ***Workplace Coach Name and Surname:*** |  |  | ***Workplace Coach Signature:*** | ***Date:*** | ***Comment*** |

**14 |** L e a r n e r W o r k b o o k : 1 1 8 0 2 9

# ACTIVITY 6

6.1 Using the organizations **HYGIENE policy** obtained for activity 6 organizations requirements for **personal hygiene.**

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# A CTIVITY 7

7.1 Using the organizations hygiene policy obtained for activity 6 organizations requirements for **pest control.**

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# ACTIVITY 8

8.1 Using the organizations hygiene policy obtained for activity 6 organizations requirements for **Waste Management**.

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# ACTIVITY 9 (SO 3 AC 1, AC 3, AC 4)

9.1 Obtain a copy of your organizations Housekeeping policy. Briefly Summarise the main sections in the policy

* keeps the work areas clean
* what rules there are in place for when cleaning takes place during working hours
* what rules are in place when cleaning takes place after working hours

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9.2 Identify at least two areas in your store/organisation or own working area where Housekeeping can improve.

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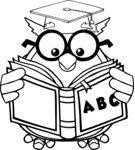
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**KNOWLEDGE TEST**

# TOTAL: 42

1. What are the benefits for an organization to have a health and safety policy in place? (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What would need to be put in place in order to implement a health and safety

policy? (8)

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1. What actions should you take when your store has a power failure? (5)

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1. Name 3 examples of a fixed asset. (3)

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1. What are the 6 general requirements for equipment maintenance? (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. When sending equipment for routine maintenance, what is important to be

recorded? (3)

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1. Why is personal hygiene important in any organization? (3)

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1. Name 5 benefits of good housekeeping practices. (5)

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1. In a good housekeeping plan, what responsibilities need to be assigned? (5)

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1. When there is poor housekeeping, accidents can occur. Name 3 accidents:

(3)

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**Total: \_\_\_\_\_\_\_\_\_ / 42**

**Facilitator comment/remediation required:**

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## *PARTICIPANTS*

