

**SUPERVISE HOUSEKEEPING AND**

**HYGIENE IN A STORE**

**LEARNER ASSESSMENT GUIDE**

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

**U/S 118029**



|  |  |
| --- | --- |
| **LEARNER NAME AND SURNAME:** |  |
| **LEARNER ID NUMBER:** |  |
| **LEARNER CONTACT NUMBER:** |  |
| **EMPLOYER (STORE):** |  |
| **EMPLOYER CONTACT NUMBER:** |  |
| **OVERALL ASSESSMENT OUTCOME**  **(C/NYC):** |  |
| **DATE:** |  |



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**2**

**SOUTH AFRICAN QUALIFICATIONS AUTHORITY**

**REGISTERED UNIT STANDARD:**

# Supervise housekeeping and hygiene in a store

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAQA US**  **ID** | **UNIT STANDARD TITLE** | | | |
| 118029 | Supervise housekeeping and hygiene in a store | | | |
| **ORIGINATOR** | | **ORIGINATING PROVIDER** | | |
| SGB Retail and Wholesale | |  | | |
| **QUALITY ASSURING BODY** | | | | |
| **FIELD** | | | **SUBFIELD** | |
| Field 11 - Services | | | Wholesale and Retail | |
| **ABET BAND** | **UNIT**  **STANDARD TYPE** | **PRE-2009 NQF LEVEL** | **NQF LEVEL** | **CREDITS** |
| Undefined | Regular | Level 4 | NQF Level 04 | 6 |
| **REGISTRATION STATUS** | | **REGISTRATION START DATE** | **REGISTRATION END DATE** | **SAQA**  **DECISION**  **NUMBER** |
| Reregistered | | 2012-07-01 | 2015-06-30 | SAQA  0695/12 |
| **LAST DATE FOR ENROLMENT** | | **LAST DATE FOR ACHIEVEMENT** | | |
| 2016-06-30 | | 2019-06-30 | | |

**Specific Outcomes and Assessment Criteria:**

**SPECIFIC OUTCOME 1**

Monitor the implementation of health and safety in the wholesale or retail store.

**ASSESSMENT CRITERION 1**

Health and safety legislation is explained as it relates to wholesale and retail practices.

**ASSESSMENT CRITERION 2**

The implementation of health and safety practices is supervised as required by the store.

# ASSESSMENT CRITERION 3

Existing health and safety practices are analysed and where non-compliances are identified corrective actions are recommended.

# ASSESSMENT CRITERION 4

Procedures for managing injuries and incidents in terms of customers, staff and suppliers are explained.

# ASSESSMENT CRITERION RANGE

Incidents include but are not limited to injury, bomb threat, fire, riots, armed robbery, industrial actions, structural problems, power failures, natural disasters.

**SPECIFIC OUTCOME 2**

Supervise maintenance of fixed assets in a wholesale/retail store.

# ASSESSMENT CRITERION 1

Fixed assets requiring maintenance is identified and the importance of maintenance is explained.

# ASSESSMENT CRITERION 2

Maintenance specifications are explained according to manufacturer , organisational and legal requirements.

# ASSESSMENT CRITERION 3

The implementation of maintenance measures is controlled according to store's policy and procedures.

# ASSESSMENT CRITERION RANGE

Implementation of maintenance measures includes but is not limited to contacting help desk, sending for repairs, and managing return of assets.

**SPECIFIC OUTCOME 3**

Monitor hygiene in a wholesale/retail store.

**ASSESSMENT CRITERION 1**

Hygiene standards and practices are explained according to store's standards.

**ASSESSMENT CRITERION 2**

Deviations from the required hygiene standards are identified.

# ASSESSMENT CRITERION 3

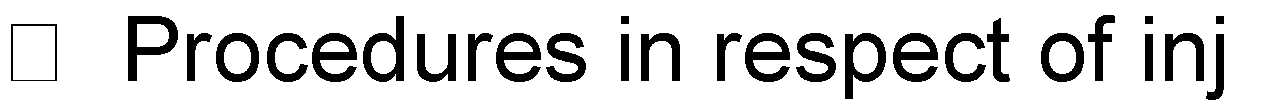
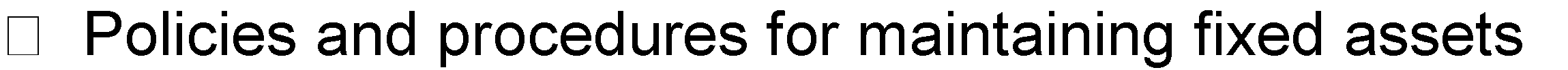
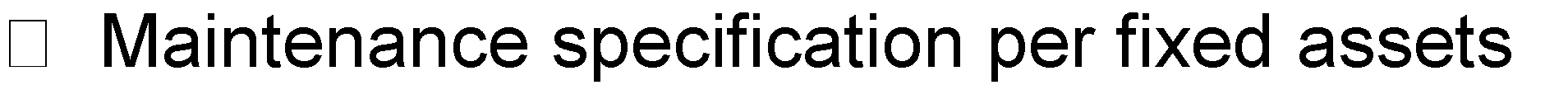
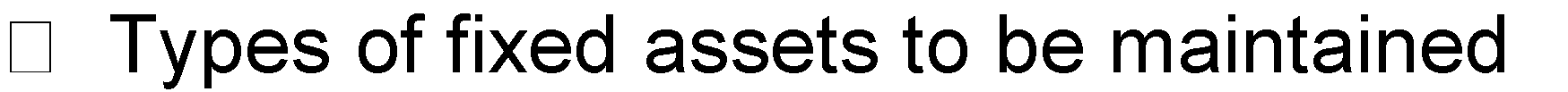
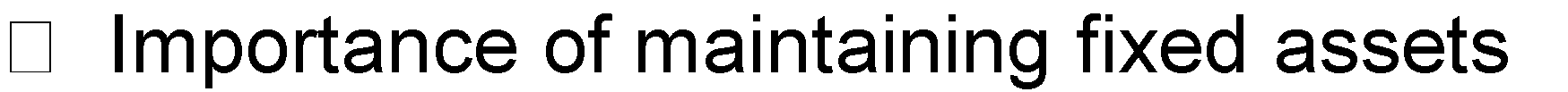
An action plan to rectify identified deviations is developed and implemented according to store's policy.

# ASSESSMENT CRITERION 4

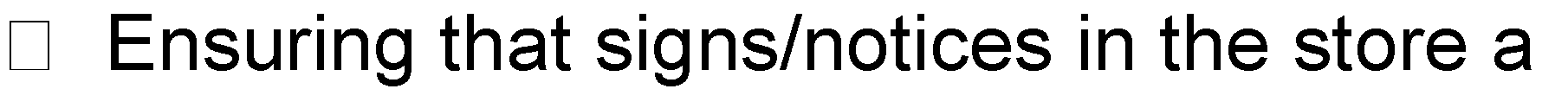
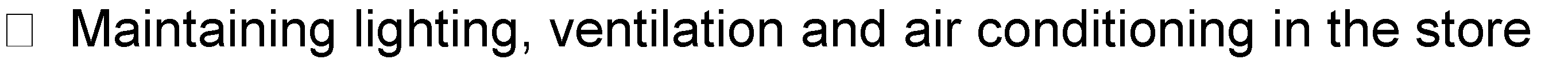
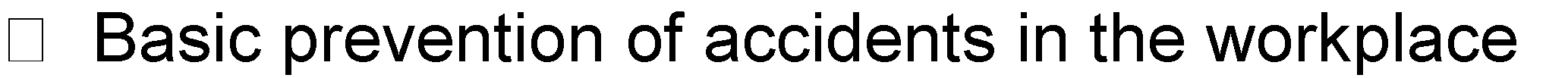
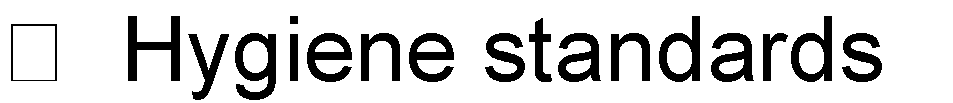
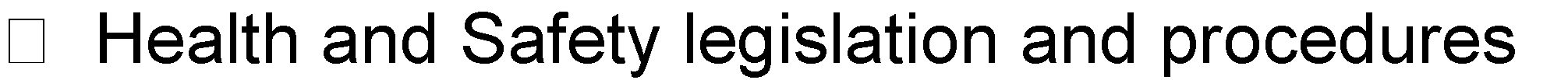
Store appearance is evaluated and meets the requirements of the organisation's housekeeping standards.

# UNIT STANDARD ESSENTIAL EMBEDDED KNOWLEDGE

Learning programme covering this unit standard must address the following knowledge areas:



uries/incidents



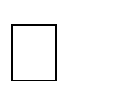
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**Critical Cross-field Outcomes (CCFO):**

# UNIT STANDARD CCFO IDENTIFYING

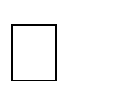
Specific Outcome 1: Monitor the implementation of health and safety in the wholesale or retail store.

Assessment criteria

 Existing health and safety practices are analysed and where non-compliances are identified corrective actions are recommended.

Specific Outcome 2: Supervise maintenance of fixed assets in a wholesale/retail store.

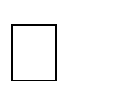
Assessment criteria

 The implementation of maintenance measures is controlled according to store's policy and procedures.

Range: Implementation of maintenance measures includes but is not limited to contacting help desk, sending for repairs, managing return of assets.

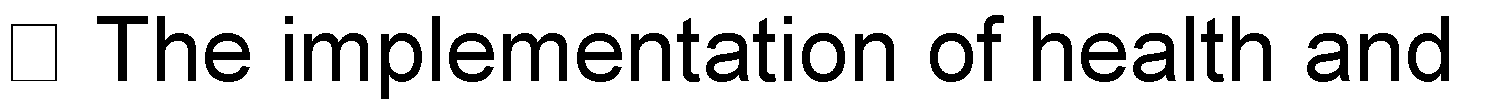
Specific Outcome 3: Monitor hygiene in a wholesale/retail store.

Assessment criteria

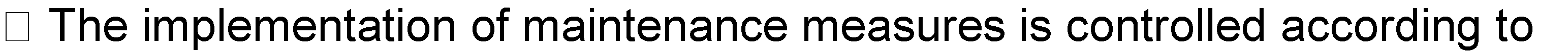
 Deviations from the required hygiene standards are identified.

# UNIT STANDARD CCFO WORKING

Specific Outcome 1: Monitor the implementation of health and safety in the wholesale or retail store.

Assessment criteria  safety practices is supervised as required by the store.

Specific Outcome 2: Supervise maintenance of fixed assets in a wholesale/retail store. Assessment criteria



store's policy and procedures.

Range: Implementation of maintenance measures includes but is not limited to contacting help desk, sending for repairs, managing return of assets.

Specific Outcome 3: Monitor hygiene in a wholesale/retail store.

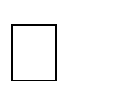
Assessment criteria

Store appearance is evaluated and meets the requirements of the organisation's housekeeping standards.

# UNIT STANDARD CCFO ORGANISING

Specific Outcome 3: Monitor hygiene in a wholesale/retail store

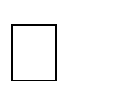
Assessment criteria

 An action plan to rectify identified deviations is developed and implemented according to store's policy.

# UNIT STANDARD CCFO COLLECTING

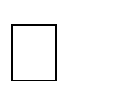
Specific Outcome 1: Monitor the implementation of health and safety in the wholesale or retail store

Assessment criteria

 Existing health and safety practices are analysed and where non-compliances are identified corrective actions are recommended.

Specific Outcome 3: Monitor hygiene in a wholesale/retail store

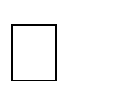
Assessment criteria

 Store appearance is evaluated and meets the requirements of the organisation's housekeeping standards.

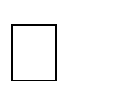
# UNIT STANDARD CCFO COMMUNICATING

Specific Outcome 1: Monitor the implementation of health and safety in the wholesale or retail store

Assessment criteria

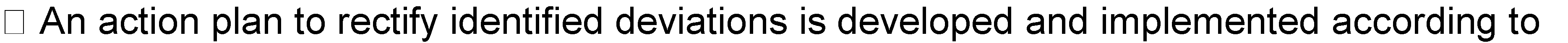
 Existing health and safety practices are analysed and where non-compliances are identified corrective actions are recommended.

Specific Outcome 2: Supervise maintenance of fixed assets in a wholesale/retail store Assessment criteria

 The implementation of maintenance measures is controlled according to store's policy and procedures.

Range: Implementation of maintenance measures includes but is not limited to contacting help desk, sending for repairs, and managing return of assets.

Specific Outcome 3: Monitor hygiene in a wholesale/retail store Assessment criteria

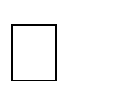


store's policy.

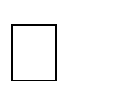
# UNIT STANDARD CCFO DEMONSTRATING

Specific Outcome 1: Monitor the implementation of health and safety in the wholesale or retail store

Assessment criteria

 Health and safety legislation is explained as it relates to wholesale and retail practices.

Specific Outcome 2: Supervise maintenance of fixed assets in a wholesale/retail store Assessment criteria

 Fixed assets requiring maintenance is identified and the importance of maintenance is explained.

# ASSESSMENT NOTIFICATION AND ASSESSMENT PLAN

**118029: Supervise Housekeeping and Hygiene in a Store**

This is to notify all Role Players that the Assessment for the above Unit Standard is scheduled to take place as follows:

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT DATE and TIME** | **ASSESSMENT METHODS** | **NOTE TO THE LEARNER** |
|  | **LEARNER WORKBOOK**: Formative Assessment Contains  Activities, a Knowledge Test and Workplace related Activities | **The Facilitator will mark the activities and Knowledge Questionnaire in the Learner Workbook.**  **The Assessor must acknowledge receipt of the Learner Workbook by signing on the cover in the allocated space and must check that all tasks have been completed**  **Workplace evidence MUST be inserted into the Learner Workbook where required. If not, learners have to be requested to provide the evidence.** |
|  | **PRACTICAL APPLICATION/OBSERVATION:**  An observation or Practical Application in the form of: An Observation, Practical Activity or Mini Portfolio. In all cases evidence will have to be submitted | **A structured application will need to take place and you will be evaluated by the Assessor as per the checklists in this Assessment Guide** |
|  | **WORKPLACE LOGBOOK ACTIVITIES:**  Workplace related activities that need to be completed in the workplace and evidence from the workplace needs to be attached as requested – Workplace Coach to sign off the Workplace Log sheet at the end of the Logbook. | **The Assessor is responsible for the co-ordination and completion of ALL the Summative Assessment**  **Instruments in the Assessment Guide**    **Assessor to double check that all the pre-assessment and post-assessment forms are completed and SIGNED by the learner and self.** |
|  | **KNOWLEDGE QUESTIONNAIRE IN THE ASSESSMENT GUIDE**  Test that is written at the end of the training session. This test will not be an open book test. Learners need to prepare for the test by completing the Knowledge Questionnaire in the Learner Workbook |

**7 |**L e a r n e r A s s e s s m e n t G u i d e : 1 1 8 0 2 9

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| --- | --- | --- |
| **ASSESSMENT PLAN : 118029**  **Supervise Housekeeping and hygiene in a Store** | | |
| **Assessment Instruments:**  **KQ: Knowledge Questionnaire in Assessment Guide Note to the Learner**:  **KT: Summative Knowledge Test** ALL the Formative and Summative Tasks must be  **BO: Behavioral Workplace Observation** completed for the Assessor to make a competency  **LWBK ACT: Learner Workbook Activity** decision  **WP Act: Workplace related Activity in the LWBK**  **CS: Case Study** | | |
| **Learning outcome AND Assessment**  **Criteria** | **Formative** | **Summative** |
| **SPECIFIC OUTCOME 1:** Monitor the implementation of health and safety in the wholesale or retail store | | |
| AC1: Health and safety legislation is explained as it relates to wholesale and retail practices. | LWBK ACT 1  LWBK ACT 4 | KQ 11 |
| AC 2: The implementation of health and safety practices is supervised as required by the store. | LWBK ACT 2 | MINI PORTFOLIO TASK  1    KQ 2 |
| AC 3: Existing health and safety practices are analysed and where non-compliances are identified corrective actions are recommended. | LWBK ACT 2 | MINI PORTFOLIO TASK  2 |
| AC 4: Procedures for managing injuries and incidents in terms of customers, staff and suppliers are explained. | LWBK ACT 1 | KQ 3    KQ 10 |
| **SPECIFIC OUTCOME 2:** Supervise maintenance of fixed assets in a wholesale/retail store. |  |  |
| AC1: Fixed assets requiring maintenance is identified and the importance of maintenance is explained. | LWBK ACT 1,2    LWBK ACT 3 | KQ 4  KQ 5 |
| AC 2: Maintenance specifications are explained according to manufacturer, organisational and legal requirements. | LWBK ACT 1,2  LWBK ACT 4  WPLBK ACT1 & 2 | MINI PORTFOLIO TASK3    KQ 5 |
| AC 3: The implementation of maintenance measures is controlled according to store’s policy and procedures. | LWBK ACT 1,2    LWBK ACT 4  WPLBK ACT1 & 2 | MINI PORTFOLIO TASK3 KQ 6 |
| **SPECIFIC OUTCOME 3:** Monitor hygiene in a wholesale/retail store |  |  |
| AC1: Hygiene standards and practices are explained according to store`s standards. | LWBK ACT 5 | KQ 7 |

**|**L e a r n e r A s s e s s m e n t G u i d e : 1 1 8 0 2 9

|  |  |  |
| --- | --- | --- |
| AC 2: Deviations from the required hygiene standards are identified. | LWBK ACT 5 | KQ 8  MINI PORTFOLIO TASK 4 |
| AC 3: An action plan to rectify identified deviations is developed and implemented according to store`s policy. | LWBK ACT 5    LWBK ACT 6, 7, 8, 9  WPLBK ACT 3 | MINI PORTFOLIO TASK 4    KQ 9 |
| AC 4: Store appearance is evaluated and meets the requirements of the organisation`s housekeeping standards. | LWBK ACT 5, 6, 7, 8, 9  WPL ACT 3 | MINI PORTFOLIO TASK 4 |

|  |  |
| --- | --- |
| **DECLARATION AND AGREEMENT ON ASSESSMENT PLAN** | |
| This is to declare that I, the learner, understand and agree with the Assessment Notification and Plan as documented and explained above: | |
| **LEARNER NAME AND SURNAME:** |  |
| **LEARNER SIGNATURE:** |  |
| **ASSESSOR NAME AND SURNAME:** |  |
| **ASSESSOR ID/REG NUMBER** |  |
| **MODERATOR NAME AND SURNAME:** |  |
| **MODERATOR ID/REG NUMBER:** |  |

**9 |**L e a r n e r A s s e s s m e n t G u i d e : 1 1 8 0 2 9

## AGENDA AND NOTES FOR PRE-ASSESSMENT MEETING

The following items were addressed at a PRE-ASSESSMENT meeting that was held to bring the Assessment process and requirements to my attention.

|  |  |
| --- | --- |
|  The purpose of this assessment. | To test your knowledge on Housekeeping and Hygiene matters in the W&R Sector. |
|  Why I am/our company is embarking on the process of fundamental training and assessments. | It forms part of the greater Level 4 qualification that you may want to be placed on and contributes to your skills in the business and workplace |
|  The roles and responsibilities of learners | Learners are to ensure that quality Portfolio tasks (Exercises) are submitted timorously and that constructive facilitator or assessor feedback is considered favorably |
|  The use of unit standards and selecting appropriate unit standards. | The unit standards as indicated fall within the scope of the Learning Programme that you are registered for |
|  Collecting relevant evidence. | Facilitators will assist in guidelines to create and or collect the relevant evidence, learners must comply to these guidelines to ensure successful delivery |
|  The observation process (Practical activity in own store) | The required workplace observation will be observed by the Assessor and/or the Workplace coach |
|  How feedback will be handled. | Feedback will be given to the learner by the Facilitator but the final feedback on determining competency will be distributed via e-mail, fax or given to learners by the Assessor after which a Moderator will moderate the assessments |
|  Agreement of the assessment plan. | The training and assessments has been scheduled to form part of the same process. Please sign the confirmation on the Assessment Plan Page |
|  The APPEALS and disputes procedure. | If a learner is unhappy with any part of the process and feels that he/she has been disadvantaged in achieving competency for this section, an appeal can be submitted to the Training Provider. An Appeals Application can be retrieved from the Training Provider (Facilitator) or Assessor |
|  Who else is involved in the assessment process | Role Players: Facilitator, Peers, Assessor/Moderator and the learner |
|  REVIEW of all the above issues to ensure understanding. | The learner has the opportunity to complete the REVIEW form attached to this Assessment guide for the purpose of making constructive comment on the processes followed in this section. |
| **Learner Acknowledgement: I declare that I understand the Assessment Guidelines and Instruments as discussed with me by the Assessor** | **Signature:** |

**Note to the Assessor**:

Although an in-depth Pre-Assessment Meeting will have been held during the Learner Induction Session, the Assessor must re-iterate the above points to the learners

Assessors must ask learners if they have questions or concerns regarding the assessment. Learners must sign acknowledgement

## LEARNER DECLARATION OF READINESS FOR ASSESSMENT

***(To be signed on the day of the Summative Assessment/Test)***

DECLARATION: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (learner name and surname), declare that I am ready to be assessed on the unit standard 118029, as indicated in this assessment guide. I declare that I clearly understand the assessment procedures as explained to me by the assessor and facilitator.

SIGNATURES:

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

LEARNER SIGNATURE DATE

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

ASSESSOR SIGNATURE DATE

**Note to the Learner**:

You need to sign the declaration of readiness on the day of the Knowledge Test to declare that you are ready to be assessed.

Feedback: The Assessor will provide feedback on the provided feedback sheet for the 1st and 2nd attempt. Ensure that you sign off and dates the feedback

## FEEDBACK ON KNOWLEDGE QUESTIONNAIRE: 118029: Supervise Housekeeping and Hygiene in a Store

|  |  |
| --- | --- |
|  |  |
| NAME OF LEARNER: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DATE: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL OF TEST: \_\_\_\_\_\_\_\_/ 50 = \_\_\_\_\_\_\_\_\_\_\_%** | |

|  |
| --- |
| **FEEDBACK: Attempt 1:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET      COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **FEEDBACK: Attempt 2:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET    COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -------------------------------------------------------------------------------------------------------------------------    Moderator Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Comment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

INSTRUMENT 1: KNOWLEDGE QUESTIONNAIRE: Housekeeping and Hygiene: 118029

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 examples of accidents:

(3)

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* 1. What Act does a Retail store need to comply with in terms of workplace health and safety? (1)

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* 1. State the purpose of this Act: (2)

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* 1. What could be the consequences of non-compliance to this Act? (2)

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## FEEDBACK ON MINI PORTFOLIO: 118029: Supervise Housekeeping and Hygiene

NAME OF LEARNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **FEEDBACK: Attempt 1:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET      COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FEEDBACK: Attempt 2:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET    COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Moderator Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Comment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## SUMMATIVE ASSESSMENT: HEALTH AND SAFETY PORTFOLIO OF EVIDENCE GUIDELINES

You are required to compile a Portfolio of Evidence that depicts your involvement in implementing Health and Safety in your store.

You need to execute ALL the instructions and attach the required evidence for all the Activities to follow.

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| **EVIDENCE CHECKLIST FOR MINI PORTFOLIO: Health and Hygiene** | | | |
| **Evidence per Task** | **RM** | **RNYM** | **Comment/Action** |
| **PORTFOLIO TASK 1** |  |  |  |
| Names and details of Health and Safety Committee |  |  |  |
| Current Health and Safety Report for the store and health and safety policy  (cover page and content page) |  |  |  |
| Table that depicts the analysis thereof in terms of compliance to policy |  |  |  |
| **PORTFOLIO TASK 2** |  |  |  |
| Handout for the staff that will depict the non-compliance information that you are sharing |  |  |  |
| **PORTFOLIO TASK 3** |  |  |  |
| Maintenance Plan |  |  |  |
| Implementation of Plan: Completed table below and relevant evidence as per the assets that were maintained. |  |  |  |
| **PORTFOLIO TASK 4** |  |  |  |
| Completed store evaluation from Learner Workbook Task |  |  |  |
| Tabulated Action Plan based on the results from the evaluation |  |  |  |
| Tabulated evidence of implementation as per table provided |  |  |  |
| **Assessor Name and Surname:** |  |  |  |
| **Assessor Signature:** |  |  |  |
| **Learner Signature:** |  |  |  |
| **Date:** |  |  |  |

## PORTFOLIO TASK 1: HEALTH AND SAFETY COMPLIANCE (SO 1 AC 2)

1.1 Identify your org health & safety representative. If you have a committee, supply the names of the entire committee

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1.2 **Complete or Retrieve** a current health & safety report that was signed off by a Supervisor/yourself/Health and Safety Compliance Service Provider.

This can be the Report that you compiled in your Learner Workbook Activity 1 and an additional Report from a Service Provider or internal Report done by the Health and Safety Committee.

Analyse this store’s current health & safety report and compare it with the store’s Health and Safety Policy.

Decide if the store is complying to their policy or not. If not, state how not.

|  |  |
| --- | --- |
| **FINDING IN CURRENT REPORT** | **COMPARISON TO HEALTH AND**  **SAFETY POLICY**  **If non-compliance, state how not** |
|  |  |
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## PORTFOLIO TASK 2: HEALTH AND SAFETY PRACTICES (SO1 AC3)

In Workplace Activity 1 and Activity 1 above you identified Health and Safety noncompliance matters in your own store.

Use the same Reports and tables and prepare a presentation in which you will present the non-compliance matters to the staff in your store.

You can present the information in any one of the following ways:

PowerPoint Presentation

Flip chart or Whiteboard

Clip of yourself presenting the matters

**NOTE:** You must prepare a simple handout for the staff that will depict the noncompliance information that you are sharing

## PORTFOLIO TASK 3: MAINTENANCE SO2 AC 2 and SO2 AC3

In order to have executed the activities in your Learner Workbook and Workplace

Logbook, you retrieved your store’s **maintenance policy and asset register**.

Refer to this policy as well as your previous activities and complete the following:

3.1 Compile a **maintenance plan** to ensure maintenance control – you can use the plan and the template that you completed in your Workplace Logbook OR devise a plan in a different format adding more areas in your plan if you feel the need.

Insert the completed plan.

3.2 **Implement your plan over the period of one-or two months via the following possible measures:** contacting help desk of the service provider, sending for repairs and managing return of assets, managing the on-site repairs of assets.

You need to implement the plan for at least 4 of your store’s assets as listed in your Plan

Complete the table below and insert the relevant evidence as per the assets that were maintained.

|  |  |  |  |
| --- | --- | --- | --- |
| **Asset** | **Maintenance that was undertaken (What was done to maintain?)** | **Documentation to prove that the maintenance took place** | **Evidence inserted (****) or (X)** |
|  |  |  |  |
|  |  |  |  |
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## PORTFOLIO TASK 4: HYGIENE STANDARDS SO 3 AC 2, 3

**Step 1:**

In your Learner Workbook you have completed an evaluation of your store’s Hygiene standards and practices in the following areas:

General Hygiene

Personal Hygiene

Hygiene in Food Areas

Pest Control

Waste Management

General Housekeeping rules

General Store appearance

You have also indicated what actions could be implemented to enhance the current shortfalls

**Step 2:**

Devise a consolidated **ACTION PLAN** that covers all the shortfalls of the above areas

Your Action Plan must be tabulated as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Shortfall | Proposed  Action | Responsible Person | Timeframe to implement |

**Step 3:**

Implement the actions over a period of two months.

Submit the evidence of implementation to your Assessor

**Evidence of Implementation must be tabulated as follows:**

|  |  |  |
| --- | --- | --- |
| **Shortfall** | **Outcome of implementation of the Action Plan** | **One supporting piece of evidence to indicate implementation** |
| Name of the shortfall as you identified in your evaluations and Action Plan in the previous activities | Write a brief explanation of what effect the implementation had on the area of concern | Name the evidence that you will insert against your shortfall and insert it hereafter into this Portfolio |

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| **FEEDBACK ON WORKPLACE LOGBOOK AND WORKPLACE ACTIVITIES**  **118029: Supervise Housekeeping and Hygiene in a Store** |

NAME OF LEARNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **FEEDBACK: Attempt 1:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET      COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FEEDBACK: Attempt 2:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET    COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Moderator Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Comment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

NAME OF LEARNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **FEEDBACK: Attempt 1:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET      COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- |
| **FEEDBACK: Attempt 2:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET    COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Moderator Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Comment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | **ASSESSMENT DECISION/JUDGEMENT *ATTEMPT 1***  **118029: Supervise Housekeeping and Hygiene in a Store** | | | | |
| **Item** | **Specific**  **Outcomes** | **REQUIREMENTS**  **MET (****)** | **REQUIREMENTS**  **NOT YET MET (X)** | **Comment /Action** | |
| 1. | SO 1 |  |  |  | |
| 2. | SO 2 |  |  |  | |
| 3. | SO 3 |  |  |  | |

The Evidence that the learner has provided is:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **Comment/ Action where required** |
| Valid |  |  |  |
| Relevant |  |  |  |
| Current |  |  |  |
| Sufficient |  |  |  |
| Authentic |  |  |  |

**Competent Not yet Competent:**

|  |
| --- |
| **DECLARATION BY LEARNER** |
| I declare that I am satisfied that the feedback given to me by the Assessor was relevant, sufficient and done in a constructive manner. I accept the assessment decision. |

**Signatures:**

|  |  |  |
| --- | --- | --- |
| **Learner:** |  | **Date:** |
| **Assessor:** |  | **Assessor Reg. No.** |
| **Moderator:** |  | **Moderator Reg. No.** |
| **Moderator Comment:** |  | |

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|  | **ASSESSMENT DECISION/JUDGEMENT *ATTEMPT 2* Supervise Housekeeping and Hygiene in a Store** | | | |
| **Item** | **Specific**  **Outcomes** | **REQUIREMENTS**  **MET (****)** | **REQUIREMENTS**  **NOT YET MET (X)** | **Comment /Action** |
| 1. | SO 1 |  |  |  |
| 2. | SO 2 |  |  |  |
| 3. | SO 3 |  |  |  |

The Evidence that the learner has provided is:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **Comment/ Action where required** |
| Valid |  |  |  |
| Relevant |  |  |  |
| Current |  |  |  |
| Sufficient |  |  |  |
| Authentic |  |  |  |

**Competent Not yet Competent:**

|  |
| --- |
| **DECLARATION BY LEARNER** |
| I declare that I am satisfied that the feedback given to me by the Assessor was relevant, sufficient and done in a constructive manner. I accept the assessment decision. |

**Signatures:**

|  |  |  |
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| **Learner:** |  | **Date:** |
| **Assessor:** |  | **Assessor Reg. No.** |
| **Moderator:** |  | **Moderator Reg. No.** |
| **Moderator Comment:** |  | |

|  |  |
| --- | --- |
| **NAME AND SURNAME OF LEARNER** |  |
| **NAME AND SURNAME OF ASSESSOR** |  |

***NOTE: Should you select NO, please comment and/or make a suitable suggestion***

|  |  |  |  |
| --- | --- | --- | --- |
| **UNIT STANDARD 118029: Supervise Housekeeping and Hygiene in a Store LEARNER and ASSESSOR ASSESSMENT REVIEW** | | | |
|  | ***LEARNER*** | **ASSESSOR** |  |
| Questions | Yes/No | Yes/No | Comments/ Recommendations |
| 1. Was the assessment process explained? |  |  |  |
| 2. Were special needs considered during the assessment process? |  |  |  |
| 3. Were all the assessment guides and documents prepared for the assessment? |  |  |  |
| 4. Was the assessment valid? |  |  |  |
| 5. Was the assessment conducted in a fair manner? |  |  |  |
| 6. Was the assessment process transparent and open? |  |  |  |
| 7. Was the assessment activities understood clearly? |  |  |  |
| 8. Was the assessment process well Managed? |  |  |  |
| 9. Was the assessment process approached positively? |  |  |  |
| 10. Was feedback sufficient and relevant and given in a professional manner feedback? |  |  |  |
| 11. Was the feedback constructive?  (Did it help to fix problems and close gaps if there were any) |  |  |  |
| 12. Was sufficient guidance relating to the collection of workplace evidence provided from the various role players? |  |  |  |
| 13. Did you experience any weakness in the way that the assessment process unfolded? |  |  |  |
| 14. According to you, do you think that you have learnt from the assessments that were conducted? |  |  |  |

**Signatures:**

|  |  |  |
| --- | --- | --- |
| **Learner:** |  | **Date:** |
| **Assessor:** |  | **Assessor Reg. No.** |
| **Moderator:** |  | **Moderator Reg. No.** |

## *PARTICIPANTS*

