## 13931 Workplace assignments

Specific Outcome 1: Demonstrate an understanding of office equipment maintenance procedures and processes

Specific Outcome 2: Monitor and liaise with maintenance providers

Specific Outcome 3 Conduct routine maintenance on designated office equipment

### Activity 2.1 Written assignment

1. You have to conduct routine maintenance on office equipment at the college, your place of work or any other organisation such as the local community centre, church, etc.
2. Identify and list the office equipment of the organisation
3. Identify and list the maintenance providers
4. Select 2 pieces of office equipment to do maintenance on. Identify and explain the maintenance procedures for these 2 pieces
5. Take photos of yourself conducting routine maintenance and attach the photos to your assessment

### Activity 2.2 Observation

Conduct routine maintenance on the designated office equipment. Your facilitator or supervisor has to complete the checklist.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity: did the learner** | | **Yes** | **No** | **Remarks** | |
| Apply safety measures for routine maintenance? | |  |  |  | |
| Locate maintenance equipment and accessories? | |  |  |  | |
| Notify staff of the routine maintenance? | |  |  |  | |
| Conduct routine maintenance according to manufacturer’s instructions? | |  |  |  | |
| Within the allocated time? | |  |  |  | |
| Check office equipment to ensure it is in working order before use | |  |  |  | |
| Dispose of maintenance equipment according to the procedures of the organisation? | |  |  |  | |
| Contact maintenance providers where problems occurred? | |  |  |  | |
|  |  | |  | |  |
| Supervisor/mentor signature | Date | | Learner signature | | Date |

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| **LOGBOOK 13931** | | | | |
| **Date** | **Assignment No** | **Start** | **Finish** | **Total Hours** |
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|  |  |  |  |  |
| Date | Candidate signature | Date | Mentor/supervisor signature | |

# ASSESSMENT REVIEW

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME of LEARNER** | | | | | **NAME of ASSESSOR** | | | | | |
| **VENUE** | | | | | **DATE of REVIEW** | | | | | |
| **UNIT STANDARD** | | 13931 Monitor and control the maintenance of office equipment | | | | | | | | |
| **Review Dimension** | | | | **ASSESSOR** | | **LEARNER/**  **CANDIDATE** | | **ACTION** | | |
| The principles/criteria for good assessment were achieved? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment related to the registered unit standard? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment was practical? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| It was time efficient and cost-effective and did not interfere with my normal responsibilities? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment instruments were fair, clear and understandable | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment judgements was made against set requirements | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The venue and equipment was functional? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Special needs were identified and the assessment plan was adjusted | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Feedback was constructive against the evidence required | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| An opportunity to appeal was given | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The evidence was recorded | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| **LEARNER”S DECLARATION OF UNDERSTANDING** | | | | | | | | | | |
| I am aware of the moderation process and understand that the moderator could declare the assessment decision invalid | | | | | | | | | | |
|  | | |  | | | | | |  | |
| **Learner** | **Date** | | **Assessor** | | | | **Date** | | **Moderator** | **Date** |

## Candidate Feedback Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | ID No. |  |
| Assessor's Name |  | | | | Reg. No. |  |
| Unit Standard Title | 13931 Monitor and control the maintenance of office equipment | | | | | |
| **ASSESSMENT DECISION** | | | | | | |
| Source of Evidence | | C | NYC | Comments | | |
| Assessments | |  |  |  | | |
| Product | |  |  |  | | |
| Indirect Evidence | |  |  |  | | |
| Overall Assessment Decision | | | |  | | |
| Additional Notes | | | |  | | |
| Date | | | |  | | |
|  | | | |  | | |
| Signature of Assessor | | | | Signature of Candidate | | |

## Candidate Appeal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate's Name: | | ID No. |  |
| Assessor's Name: | | Reg. No. |  |
| Unit Standard Title: | | 13931 Monitor and control the maintenance of office equipment | |
| Date: | |  | |
| SECTION 1 | |  | |
| Candidate's reason for disagreeing with the assessment decision |  | | |
| Assessor's rationale for the assessment decision |  | | |
| Candidate's signature |  | | |
| Assessor's signature |  | | |
| SECTION 2 |  | | |
| Moderator's decision |  | | |
| Moderator's signature |  | | |

Please send this form to:

## Assessor's Report

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | | ID No. |  |
| Assessor's Name |  | | | | | Reg. No. |  |
| Unit Standard Title | 13931 Monitor and control the maintenance of office equipment | | | | | | |
| ASSESSMENT DECISION | | | | | | | |
| Specific Outcome | | C | | NYC | Comments | | |
| Demonstrate an understanding of office equipment maintenance procedures and processes | |  | |  |  | | |
| Monitor and liaise with maintenance providers | |  | |  |  | | |
| Conduct routine maintenance on designated office equipment | |  | |  |  | | |
| Overall Assessment Decision | | | | |  | | |
| Comments | | | | |  | | |
| Date | | | | |  | | |
|  | | |  | | | | |
| Signature of Assessor | | | Signature of Candidate | | | | |

## Moderator's Report

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Moderator's Name |  | | | | Reg. No. | |  |
| Assessor's Name |  | | | | Reg. No. | |  |
| Candidate's Name |  | | | | ID No. | |  |
| Unit Standard Title | 13931 Monitor and control the maintenance of office equipment | | | | | | |
| **MODERATION DECISION** | | | | | | | |
| Specific Outcome | | | C | NYC | | Comments | |
| Demonstrate an understanding of office equipment maintenance procedures and processes | | |  |  | |  | |
| Monitor and liaise with maintenance providers | | |  |  | |  | |
| Conduct routine maintenance on designated office equipment | | |  |  | |  | |
| Overall Moderation Decision | | | | | |  | |
| Feedback to Assessor | | | | | |  | |
| Action Required | | | | | |  | |
| Date of Moderation | | | | | |  | |
| Signature of Moderator | |  | | | | | |
| Signature of Assessor | |  | | | | | |
| Signature of Candidate | |  | | | | | |

# COMPETENCE DECLARATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Exit level outcomes: Function in a team and overall business environment and Set personal goals.** | | | | | |
| **Unit standard** | | **C** | **NYC** | **Comments** | |
| 7785 | |  |  |  | |
| 7796 | |  |  |  | |
| 13937 | |  |  |  | |
| 13931 | |  |  |  | |
| Integrated assessment | |  |  |  | |
| **Competent** | | | | | |
| **Source of evidence** | | **Yes** | **No** | **Candidate’s comments** | |
|  | |  |  |  | |
|  | |  |  |  | |
| **Assessor signature** | **Date** | | **Candidate signature** | | **Date** |
|  |  | |  | |  |

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| --- | --- | --- |
| **Overall Moderation Decision** | |  |
| **Feedback to Assessor** | |  |
| **Action Required** | |  |
| **Date of Moderation** | |  |
| **Signature of Moderator** |  | |
| **Signature of Assessor** |  | |
| **Signature of Candidate** |  | |