

**SUPERVISE IMPLEMENTATION OF**

**LOSS CONTROL MEASURES**

**LEARNER ASSESSMENT GUIDE**

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

**U/S 118045**



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



**CONTENTS**

Registered Unit Standard 118045 ………………………………………Pg.3

Assessment Notification and Assessment Plan………………………………………Pg.6

Assessment Plan ………………………………………Pg.7

Declaration for Assessment Plan ………………………………………Pg.8

Agenda and notes for Pre-assessment Meeting ………………………………………Pg.9

Learner Declaration of readiness for assessment ………………………………………Pg.10

Feedback on Knowledge Questionnaire:118045 ………………………………………Pg.11

118045: Knowledge Questionnaire ………………………………………Pg.12

SUPERVICE LOSS CONTROL: 118045 ………………………………………Pg.15

PORTFOLIO TASK 1 ………………………………………Pg.16

PORTFOLIO TASK 2 ………………………………………Pg.17

PORTFOLIO TASK 3 ………………………………………Pg.19

FEEDBACK ON WORKPLACE LOGBOOK AND

WORKPLACE ACTIVITIES ………………………………………Pg.20

FEEDBACK ON LEARNER WORKBOOK ………………………………………Pg.21

Assessment Decision/Judgment *attempt 1* ………………………………………Pg.22

Assessment Decision/Judgment *attempt 2* ………………………………………Pg.23

Assessment Review Form ………………………………………Pg.24

**2**

**SOUTH AFRICAN QUALIFICATIONS AUTHORITY**

**REGISTERED UNIT STANDARD:**

# Supervise implementation of loss control measures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAQA US**  **ID** | **UNIT STANDARD TITLE** | | | |
| 118045 | Supervise implementation of loss control measures | | | |
| **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 | 8 |
| **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**

Explain the effect of shrinkage and losses.

## ASSESSMENT CRITERION 1

Shrinkage and losses are explained in relation to the profits of the organisation and their impact on employees.

## ASSESSMENT CRITERION 2

Ways in which shrinkage and losses occur are explained as applicable to the designated area of responsibility.

## ASSESSMENT CRITERION 3

The effect of shrinkage and losses on the organisation and employees is explained to members of the team simply ensuring full understanding by all concerned.

**SPECIFIC OUTCOME 2**

Implement action to minimise losses in identified areas.

## ASSESSMENT CRITERION 1

Shrinkage and loss prevention techniques are explained as applicable to the designated area of responsibility and the organisation.

## ASSESSMENT CRITERION 2

Shrinkage and loss prevention measures are implemented according to the policies and procedures of the organisation.

## ASSESSMENT CRITERION 3

Non adherence to loss prevention measures are identified and appropriate action taken as per the policies and procedures of the organisation.

**SPECIFIC OUTCOME 3**

Implement measure to reduce shoplifting.

**ASSESSMENT CRITERION 1**

Methods for identifying potential shoplifters are explained.

## ASSESSMENT CRITERION 2

Methods to prevent shoplifting are communicated to the team as per the organisations policies and procedures.

## ASSESSMENT CRITERION 3

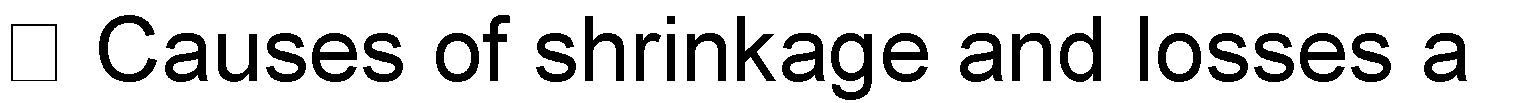
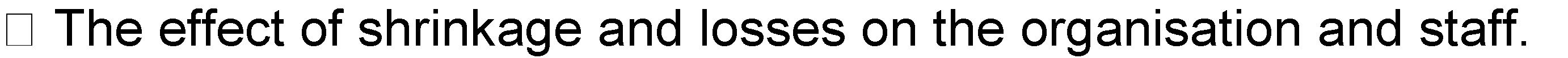
Measures to keep suspects under surveillance are implemented according to the organisation's policies and procedures.

## ASSESSMENT CRITERION 4

The policy and procedures for the apprehension of suspected shoplifters is explained as it applies to the organisation.

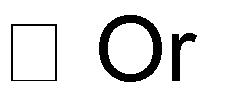
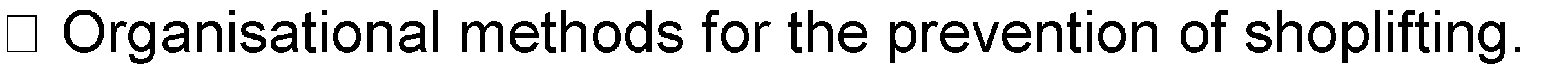
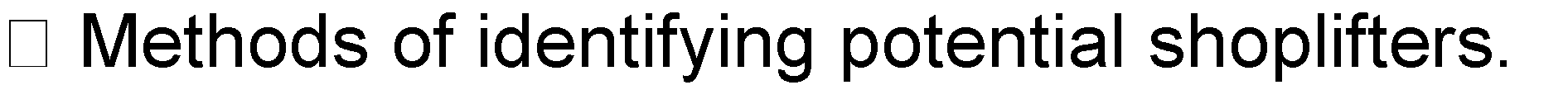
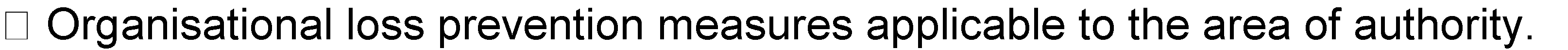
## UNIT STANDARD ESSENTIAL EMBEDDED KNOWLEDGE

The demonstrated understanding of:

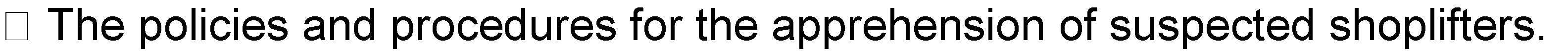


pplicable to the learners designated area of

responsibility.



ganisational methods for keeping suspects under surveillance.



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

## UNIT STANDARD CCFO IDENTIFYING

Specific Outcome 1: Explain the effect of shrinkage and losses

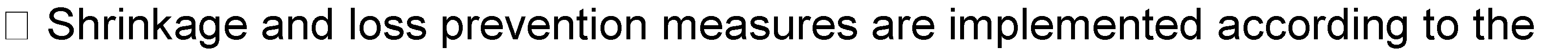
Specific Outcome 2: Implement action to minimise losses in identified areas Assessment criteria



taken as per the policies and procedures of the organisation.

## UNIT STANDARD CCFO WORKING

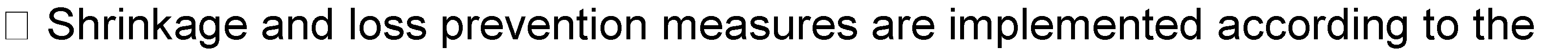
Specific Outcome 2: Implement action to minimise losses in identified areas Assessment criteria



policies and procedures of the organisation.

## UNIT STANDARD CCFO ORGANISING

Specific Outcome 2: Implement action to minimise losses in identified areas Assessment criteria



policies and procedures of the organisation.

Specific Outcome 3: Implement measure to reduce shoplifting Assessment criteria



organisation's policies and procedures.

## UNIT STANDARD CCFO COLLECTING

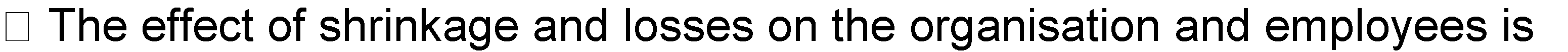
Specific Outcome 3: Implement measure to reduce shoplifting Assessment criteria



organisation's policies and procedures.

## UNIT STANDARD CCFO COMMUNICATING

Specific Outcome 1: Explain the effect of shrinkage and losses Assessment criteria

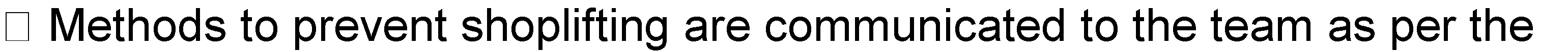


explained to members of the team simply ensuring full understanding by all concerned.

Specific Outcome 2: Implement action to minimise losses in identified areas Assessment criteria



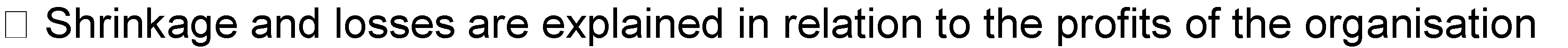
taken as per the policies and procedures of the organisation. Specific Outcome 3: Implement measure to reduce shoplifting Assessment criteria



organisations policies and procedures.

## UNIT STANDARD CCFO DEMONSTRATING

Specific Outcome 1: Explain the effect of shrinkage and losses Assessment criteria



and their impact on employees.

# ASSESSMENT NOTIFICATION AND ASSESSMENT PLAN

## 118045: Supervise Implementation of Loss Control Measures

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 Questionnaire 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:**  The Assessor will observe you and your group participate in a structured meetings | **A formal and structured meeting will be facilitated by the Assessor and you will be evaluated as per the checklists in this Assessment Guide and in your Workplace Logbook** |
|  | **WORKPLACE LOGBOOK AND TASKS:**  Workplace related tasks 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 TEST 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 |

1. **|** 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 4 5

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT PLAN : 118045**  **Supervise Implementation of Loss Control Measures** | | |
| **Assessment Instruments:**  **KQ: Knowledge Questionnaire in Assessment Guide Note to the learner:**  **KT: Formative Knowledge Test in Learner Workbook** 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: Explain the effect of shrinkage and losses** | | |
| AC 1: Shrinkage and losses are explained in relation to the profits of the organisation and their impact on employees. | GRP ACT 1 LWBK ACT 2 | KQ 2 (a) KQ 1.1 |
| AC 2: Ways in which shrinkage and losses occur are explained as applicable to the designated area of responsibility | LWBK ACT 1    WPLBK ACT 2 | KQ 1.2 KQ 1.3 |
| AC 3: The effect of shrinkage and losses on the organisation and employees is explained to members of the team simply ensuring full understanding by all concerned | WPLBK ACT 2 | KQ 2 |
| **SPECIFIC OUTCOME 2: Implement action to minimise losses in identified areas.** |  |  |
| AC 1: Shrinkage and loss prevention techniques are explained as applicable to the designated area of responsibility and the organisation. | LWBK ACT 3 | KQ 3 |
| AC 2: Shrinkage and loss prevention measures are implemented according to the policies and procedures of the organisation | WPLBK ACT 1 | MINI POE TASK 2 |
| AC3: Non adherence to loss prevention measures are identified and appropriate action taken as per the policies and procedures of the organisation | LWBK ACT 3 | MINI POE TASK 2 |
| **SPECIFIC OUTCOME 3:** Implement measure to reduce shoplifting |  |  |
| AC 1: Methods for identifying potential shoplifters are explained | LWBK ACT 6 | KQ 4 |
| AC 2: Methods to prevent shoplifting are communicated to the team as per the organisations policies and procedures | WPLBK ACT 2 | MINI POE TASK 1  MINI POE TASK 2 |
| AC 3: Measures to keep suspects under surveillance are implemented according to the organisation's policies and procedures | LWBK ACT 4 | MINI POE TASK 3 |
| AC 4: The policy and procedures for the apprehension of suspected shoplifters is explained as it applies to the organisation. | LWBK ACT 4    LEBK ACT 4 | KQ 5 |

1. **|** 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 4 5

|  |  |
| --- | --- |
| **DECLARATION OF AGREEMENT WITH 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:** |  |

1. **|** 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 4 5

## 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 implementing and monitoring Loss Control 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 3 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 Learner**:

Although an in-depth Pre-Assessment Meeting will have been held during the Learner Induction Session, the Assessor will re-iterate the above points to you Assessors will ask you if you have questions or concerns regarding the assessment. You must sign acknowledgement

**|** 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 4 5

## LEARNER DECLARATION OF READINESS FOR ASSESSMENT

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

DECLARATION: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (learner name and surname), declare that I am ready to be assessed on the unit standard 118045, 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: 118045: Supervise**  **Implementation of Loss Control Measures** |

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

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

**TOTAL OF TEST: \_\_\_\_\_\_\_\_/ 35= \_\_\_\_\_\_\_\_\_\_\_%**

|  |
| --- |
| **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: SUPERVISE IMPEMENTATION OF LOSS CONTROL MEASURES: 118045

1. Name and describe the factors causing losses in the wholesale and retail sector (8)

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

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

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

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

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

* 1. Explain what is meant by the term shrinkage and losses (2)

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

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

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

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

* 1. Explain how shrinkage and losses occur in YOUR area of responsibility. For e.g. at the till points or at the receiving end etc. (3)

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

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

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

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

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

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

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

1. Describe the impact of shrinkage and losses on: (4)
   1. The organization in terms of its profits
   2. The employees

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

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

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

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

1. In your specific area, list 4 problems and offer possible solutions for shrinkage and

loss prevention. (8)

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

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

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

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

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

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

1. How could you identify possible shoplifters? (5)

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

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

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

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

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

1. Read the following Scenario and explain how you will deal will deal with it according to your

store’s policy. (5)

*Whilst you are working in your aisle, you notice a suspect looking shopper. The shopper is wearing a large jacket whilst it is very warm outside. He is wearing sunglasses inside the store!*

*The shopper is strolling up and down and has entered your aisle three times without focusing on anything.*

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

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

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

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

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

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

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

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVICE LOSS CONTROL: 118045: NQF LEVEL 4 INSTRUMENT 2: MINI PORTFOLIO OF EVIDENCE

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

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

|  |
| --- |
| **ASSESSMENT INSTRUMENT: PORTFOLIO FEEDBACK: SUPERVISE LOSS CONTROL ASSESSMENT ATTEMPT 1:**    REQUIREMENTS MET REQUIREMENTS NOT YET MET    COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (If Yes):  ***SUGGESTED RE-ASSESSMENT***: NO: YES: Date: \_\_\_\_\_\_\_\_\_\_\_\_    SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Moderator Comment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Moderator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Moderation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **FEEDBACK ASSESSMENT INSTRUMENT: PORTFOLIO FEEDBACK: SUPERVISE LOSS CONTROL**  **ASSESSMENT ATTEMPT 2: (Re-Assessment)**    REQUIREMENTS MET REQUIREMENTS NOT YET MET    COMMENT/ ACTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURES:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor Learner    DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### PORTFOLIO TASK 1: TOTAL MARKS: 40 (SO3 AC2)

**Design a booklet** that you can distribute in your store that will clearly outline and communicate preventative measures for shoplifting. You need to obtain 90% for this Task.

The booklet should include the following sections:

1. include the possible characteristics of a shoplifter (5)

1. include steps that must be implemented when you identify a potential shoplifter (5)
2. state what you should do if you suspect a staff member from shoplifting (3)
3. state what you could do within your specific department in terms of displaying the merchandise and packing the shelves to prevent opportunities for shoplifting (5)
4. the channels of communication that needs to be followed if loss has been identified (2)
5. state how you would keep suspects under surveillance when suspected for shoplifting as

per company policy (3)

1. include a Checklist in Table format that you can give to new team members to study in order for them to know how to place suspects under surveillance.

You need at least 5-8 indicators in your checklist (12)

1. include a listing in table format of any other loss control measures that is implemented in your store such as key registers, staff access control, entrance and exit security control, visitors sign in registers and security stickers etc. You table needs to be set up as follows:

|  |  |
| --- | --- |
| Security Measure | Documented proof of control |
|  |  |

You should make use of the following methods to ensure that your document is user friendly:

* flow charts
* bulleted lists
* pictures
* tables (5)

|  |  |  |  |
| --- | --- | --- | --- |
| Assessor evaluation: | RM | RNYM | Comment if RNYM |
| Mark out of /40    …………/40 =………% |  |  |  |
| Assessor Name and Surname: |  |  |  |
| Assessor signature: |  |  |  |
| Learner Signature: |  |  |  |
|  | | | |

### PORTFOLIO TASK 2: LOSS CONTROL IMPLEMENTATION (SO2 AC2,3) & (SO3 AC2)

In Workplace Logbook Activity 2 you were required to gather evidence of the implementation of Loss Control measures in your own store.

**NOTE:** You are now required to devise a plan and implement this plan for all of the areas to which your store is not fully compliant.

If, according to you, your store was fully compliant in all areas, select **at least two** areas in which you feel that your store could improve regarding the evidence and implementation of the Loss Control measures

|  |  |
| --- | --- |
| **COMPLIANCE GAPS** | **ACTION PLAN TO ENHANCE IMPLEMENTATION** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **COMPLIANCE GAPS** | **EVIDENCE OF ACTION PLAN IMPLEMENTATION –**  Insert at least one piece of evidence to indicate that you have implemented your suggested changes to the noncompliance listed |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessor evaluation: | RM | RNYM | Comment if RNYM |
|  |  |  |  |
| Assessor Name and Surname: |  |  |  |
| Assessor signature: |  |  |  |
| Learner Signature: |  |  |  |

### PORTFOLIO TASK 3: IMPLEMENTATION OF SURVEILANCE OF SHOPLIFTERS (SO3 AC3)

Write an explanation of a case in which you or a co-worker had to implement the surveillance of a potential shoplifter in your store.

Your explanation **must include**:

1. why you thought it was a potential shoplifter
2. how do you follow a potential shoplifter in your store
3. who did you notify that you have started the process
4. how did you notify this person
5. the outcome/ending of the case

Insert as evidence of this incident any of the following evidence:

* written report on the incident
* printout from surveillance system of the store
* photographs that may have been taken of the incident (please ensure that this does not show the suspect from the front)

### Evidence must be stamped and signed by the Store Supervisor/Coach

|  |  |  |  |
| --- | --- | --- | --- |
| Assessor evaluation: | RM | RNYM | Comment if RNYM |
|  |  |  |  |
| Assessor Name and Surname: |  |  |  |
| Assessor signature: |  |  |  |
| Learner Signature: |  |  |  |

|  |
| --- |
| **FEEDBACK ON WORKPLACE LOGBOOK AND WORKPLACE ACTIVITIES**  **118045: Supervise Implementation of Loss Control Measures** |

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

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

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **FEEDBACK ON LEARNER WORKBOOK**  **118045: Supervise Implementation of Loss Control measures** |

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

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

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ASSESSMENT DECISION/JUDGEMENT *ATTEMPT 1***  **Supervise Implementation of Loss Control Measures: 118045** | | | |
| **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:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ASSESSMENT DECISION/JUDGEMENT *ATTEMPT 2***  **Supervise Implementation of Loss Control Measures: 118045** | | | |
| **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:** |  | |

|  |  |
| --- | --- |
| **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 118045: Supervise Implementation of Loss Control Measures**  **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*

