Workplace Assessment 14 – Assessor's Checklist

(This form is for the assessor's use only)

Purpose

This *Assessor's Checklist* lists the specific criteria that the candidate's submission for **Workplace Assessment Task 14** must satisfactorily meet.

This form is to be completed by the candidate's assessor to document their assessment of the candidate's submission in Workplace Assessment Task 14.

Task Overview

For this task, the candidate is required to review the terms of the defects liability period in the contract and verify that the make good instructions for all defects are satisfied.

In this task, the candidate will be assessed in their:

- Your practical knowledge on finalising defects liability.
- Your practical skills in finalising defects liability.

Instructions to the Assessor

During the assessment

- Review the candidate's submission.
- For each criterion listed in this checklist:
    - Tick YES if you confirm the candidate's submission satisfactorily meets the criterion.
    - Tick NO if you confirm the candidate's submission does not satisfactorily meets the criterion.
- Write specific comments on the candidate's performance in each criterion. Your feedback/insights will be helpful in addressing any area/s for improvement.

After the assessment

- Complete all parts of the *Assessor's Checklist*, including the *Assessor Declaration* on the last page of this form. Your signature must be handwritten.

Candidate Details

Candidate name	Michael Toth

Assessor Details

Candidate is assessed by	DYLAN CUNNINGHAM

Context of the Assessment

Workplace/organisation	CORE4
State/territory where project is based/located in	QLD
State/territory legislative requirements that apply to this project	QLD WHS ACT
Policies and procedures relevant to finalising defects liability.	Defect notification procedures

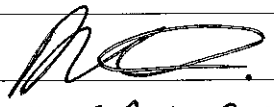
Assessor's Checklist

The candidate's End of Defects Liability Checklist:	YES/NO	Assessor's comments
1. Shows each item has been ticked YES/NO or N/A to confirm whether actual construction conditions satisfy make good defects instructions	☑ YES ☐ NO ☐ N/A	
2. Includes comments for items where the candidate ticked NO.		
i. Comments include recommendations from candidate to address defects not met.	☑ YES ☐ NO ☐ N/A	
3. Shows candidate correctly check each item against the instructions reviewed.	☑ YES ☐ NO ☐ N/A	

Assessor Declaration

By signing here, I confirm that I have thoroughly reviewed the candidate's End of Defects Liability Checklist submission for this workplace assessment task.

I confirm that the information recorded on this *Assessor's Checklist* is true and accurately reflects the candidate's submission for this workplace task.

Assessor's signature	
Assessor's name	DYLAN CUNNINGHAM
Date signed	29.01.24

End of Workplace Assessment - Assessor's Checklist