Off-site Production Cost Estimation Form

Instructions to the Assessor

The candidate will review the construction drawings and specifications from *Task 1*. They will then use this *Off-site Production Cost Estimation Form* to document the estimates of producing components off-site, including delivering said components to the construction site.

Instructions to the Candidate

Use this *Off-site Production Cost Estimation Form* to document the estimates of producing components off-site.

Ensure you have completed all fields in this form before submitting it to your assessor.

OFF-SITE PRODUCTION COST ESTIMATION FORM	
Candidate name	Anya English
Workplace/organisation	Cogent Scaffolding
Date of inspection	8/12/2022

Details of the Building and Construction Project

Workplace/organisation	Cogent Scaffolding
Name of building and construction project	Quay Waterfront Newstead
Type of project	✓ Residential building ☐ Commercial building
State/territory	Queensland

(Duplicate table below as necessary to account for all components to be manufactured off-site. Add rows as necessary as well.)

Component: Delivery/Transport	
Associated Cost	**Price**
Truck Fuel	$100 a week
Team Taxi	$300 a week
Truck Insurance	$200 a year
Truck maintenance	$100 a year
Delivery to construction site	N/A

Component: Design / office	
Associated Cost	**Price**
Scaffold Design	$10, 000 a year
Software	$3000 a year
Delivery to construction site	N/A

END OF OFF-SITE PRODUCTION COST ESTIMATION FORM

Workplace Assessment Task 5 – Assessor's Checklist

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

Purpose

This *Assessor's Checklist* outlines the specific criteria that the candidate's submission for **Workplace Assessment Task 5** 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 5*.

Task Overview

For this task, the candidate is required to submit a completed *Off-site Production Cost Estimation Form*. The form documents the estimated cost of producing components off-site.

When assessing the candidate's submission

- Review the candidate's submission against the estimate of the manufacturer submitted by the candidate.
- 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 assessing the candidate's submission

- 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	
Title/designation	

Assessor/Observer Details

Candidate is assessed by	
Training Organisation	
Relevant qualifications held	

Assessment Context

Workplace/organisation	
Name of building and construction project	
Type of project	☐ Residential building ☐ Commercial building
State/territory	
Resources required for assessment	☐ Completed *Off-site Production Cost Estimation Form* ☐ Estimate from the manufacturer

ASSESSOR'S CHECKLIST

Off-site Production Cost Estimation Form	YES/NO	Assessor's comments
1. Candidate correctly identified all components to be manufactured off-site.	☑ YES ☐ NO	
2. Candidate correctly identified all associated costs in manufacturing each component.	☑ YES ☐ NO	
3. Candidate correctly identified the estimated delivery cost of the manufactured component to the construction site.	☑ YES ☐ NO	

Estimate from Manufacturer	YES/NO	Assessor's comments
1. Estimate must clearly indicate the supplier.	☑ YES ☐ NO	
2. Estimate must include the cost of manufacturing each component.	☑ YES ☐ NO	
3. Estimate must include delivery charge to construction site.	☑ YES ☐ NO	

Assessor Declaration

By signing here, I confirm that I have thoroughly reviewed the candidate's *Off-site Production Cost Estimation Form* 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	Mconversell
Assessor's name	Michelle Conversell
Date signed	6/1/23

END OF ASSESSOR'S CHECKLIST