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	

Assessor Details

Candidate is assessed by	

Context of the Assessment

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

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	Comersall
Assessor's name	Michelle Comersall
Date signed	9/3/23

End of Workplace Assessment - Assessor's Checklist

End of Defects Liability Checklist

Instructions to the Assessor

The candidate will review the instructions to make good defects and compare actual construction conditions presented by the contractor to verify if the defects have been remedied.

The candidate will use this *End of Defects Liability Checklist* template to document their review.

Before the candidate commences with their review:

1. Review and discuss the contents of this checklist with the candidate.
2. Address any questions or clarifications they may have about the task or this checklist.
3. Contextualise this checklist to match the required conditions for the project the candidate is undertaking. E.g., for projects with multiple trade contracts, the final certificate may be issued for each contract.

Commented [MC1]: Delete? The points may seem generic enough to get away with it in its current form. Or perhaps add a N/A to the YES/NO column.

After the candidate completes their review:

1. They will submit to you their completed this *End of Defects Liability Checklist*.
2. Review the candidate's responses in their submission against the conditions they reviewed for this task.
3. Confirm if the candidate has checked each item below correctly.

   For example, if the candidate ticked YES for an item here, the assessor will review this against the actual document, and they will confirm if the item is really addressed in the workplace documents submitted.
4. Record your assessment of the candidate's review under the *Assessor's Marking Checklist* column.

   For each checklist, item:

   - Tick YES if the candidate's finding is the same as yours in your assessment.
   - Tick NO if the candidate's finding is different from yours in your assessment.

   Provide written constructive comments as these will give the candidate guidance on how to improve their performance in this workplace assessment task.
5. Complete and sign the *Assessor's Declaration* section. Your signature must be handwritten.

Instructions to the Candidate

Use this *End of Defects Liability Checklist* template to document your review of terms of defects liability period in the contract.

[redacted]

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

END OF DEFECTS LIABILITY CHECKLIST	
Candidate name	Anya English
Workplace/organisation	Cogent Scaffolding
Date of review	3rd March 2023

Details of the Building and Construction Project

Name of building and construction project	Quay Waterfront
Overview of this project	
Project site address	47 Skyring terrace Newstead
State/territory	Queensland

Instructions to make good defects	

Checklist items:	YES/NO	Comments	Assessor's Marking Checklist
1. Construction certification has been submitted	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:
2. Certificate of Practical Completion submitted	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:
3. Statement of Compliance submitted	✓YES☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:

Checklist items:	YES/NO	Comments	Assessor's Marking Checklist
4. Site inspection conducted	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:
5. Asset testing and repairs have been carried out	✓YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:
6. Site restoration completed	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:
7. Surplus material removed from construction site	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:
8. Health and Safety inspection certificates received	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:
9. Release notices from relevant authorities have been received	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:

Checklist items:	YES/NO	Comments	Assessor's Marking Checklist
10. End of Defects Liability Period has expired	✓ YES ☐ NO		Did the candidate correctly check this item against the doc reviewed? ☐ YES ☐ NO Comments:

Assessor Declaration

By signing here, I confirm that I have reviewed and assessed the candidate's responses in this checklist against the workplace documents they reviewed for this task.

I confirm that the responses I provided under the *Assessor's Marking Checklist* are true and accurately reflect the candidate's performance in this workplace task.

Assessor's signature	
Assessor's name	
Date signed	

END OF POLICIES AND PROCEDURES CHECKLIST