

STUDENT ASSESSMENT

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course being assessed: **SISSS00110 Aquatic Technical Operator**

STUDENT AGREEMENT / DECLARATION

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Prior to, during and after the assessment processes I am aware of and agree to all of the following:

If I do not agree to the terms set out I need to discuss with my trainer prior to undertaking the unit.

PRE, DURING AND POST ASSESSMENT

Prior to and during the assessment processes I am aware of and agree to all of the following:

I have read and understood what is required in terms of the assessment tasks that make up this unit.

I agree to the way in which I am being assessed?

I do not have any special needs or considerations to be made for this assessment? If no, what are they?

I understand my rights to appeal the decisions made in an assessment?

I am aware I will be assessed on my ability to competently address all of the tasks in this unit?

I am aware of the blended mix of training as part of this unit?

I am aware of the due dates of this work as set out by the trainer?

I am aware that if assessed as NYC, I will have further opportunities for reassessment as discussed on an individual basis with my trainer?

I agree that none of the work that will be completed is by another person.

I agree that I will not cheat or plagiarise the work or collude with any other student/s.

I agree that I will correctly reference all resources and reference texts throughout these assessment tasks.

I understand that if I am found to be in breach of the assessment policy, disciplinary action may be taken against me.

I acknowledge that I will be given the opportunity to see the result given by my trainer upon completion of the unit.

I am aware I will receive either verbal or written feedback from my trainer

By signing this document, I agree to all of the above.

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

COURSE COMPLETION RECORD

(Trainer to complete)

After the student has completed assessments, this unit completion record and feedback needs to be completed and declared by the student and assessor. If the student’s work is not satisfactory at the first attempt, strategies to address gaps in performance need to be identified and time for reassessment arranged, this information must be recorded on the NYC Unit completion Feedback sheet.

In the following assessment tasks, as the trainer I have assessed the student to the best of my ability as:

***(Please circle your result for both assessment task 1 and task 2)***

Assessment Task 1 Satisfactory Not Satisfactory

Assessment Task 2 Satisfactory Not Satisfactory

For this unit, I have assessed the student to the best of my ability as:

***(Please circle your final assessment result)***

**Competent Not Yet Competent**

**Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Portfolio of Evidence Part 1**

1. **Conducting a Series of Pool tests and having a third party observe you**

In this assessment task, you are required to complete a range of different pool water tests that are designed to assess all of the elements, performance criteria, knowledge and performance evidence of the unit.

The full explanation of the requirements for this task is listed.

**Resources Required:**

* Pen
* Paper
* Tables and chairs
* Resources
* Pool water testing apparatus
* Public health regulatory documentation
* Organisational policies and procedures.

**You will be required to complete 4 pool water tests that include the following:**

* free chlorine and/or total bromine
* total chlorine
* combined chlorine
* pH
* total alkalinity
* cyanuric acid
* calcium hardness
* total hardness
* temperature
* perform routine visual checks for pool water quality.

As part of this assessment you will be required to complete the pool water test log to demonstrate the ability to complete the required tasks.

Each test should be observed by a ***suitably qualified supervisor*** at the facility with the relevant industry experience and capabilities. The supervising staff member will complete a ***third-party report*** for each pool water test session completed, to the total of 4 testing sessions. (note the third party does not need to hold a Cert IV TAE for this task)

You will be required to **demonstrate** the following features and these features will be incorporated into the practical assessment:

* **The ability to conduct the test according to industry expectations**
* **The ability to record their findings in the logbook specific to the organisation**
* **The ability to complete a visual inspection of the pool before completing the water testing quality tests.**

You will have access to the example monitoring log as a downloadable item from their student learning management system, however if the organisation requires them to record this in their system this is permissible if the evidence can be downloaded and presented for the 4 occasions that the student completed their tests.

## **Pool water testing report 1**

|  |  |
| --- | --- |
| Name of Student: |  |
| Date and time of pool water quality test |  |
| Venue |  |

| 1. Equipment required for the water quality test |
| --- |
| Before commencing sampling of pool water, ensure you have the following equipment available and the work area is clean and tidy:   * Recording sheet * Palintest Pooltest 9 testing unit including light shield * Palintest Reagent Tablets - DPD XF, DPD XT, Phenol Red, Alkaphot, Calcicol 1, Calcicol 2 NOTE: check the expiry date of tablets and discard if past expiry date * 10ml Test Tubes x 4 * Sampling Cups x 4 * Tablet Crusher * Pool Test Sheet and Pen * TDS Meter * Paper Towel * 10ml syringe * Waste bin * Sink and running water |

| 1. Visual inspection |
| --- |
| A visual inspection of the pool is required to identify any contaminations visual to the sight of the individual. |

| 1. Cleaning the test area after testing has been finalised |
| --- |
| After all pools have been tested turn off Palintest Unit and TDS Meter  Ensure all test tubes, measuring cups, tablet crushers and syringes are rinsed and dried and stored appropriately  Wipe down and dry the test area with paper towel  Dispose of all empty packaging and waste into the bin |
| 1. Reporting required post test |
| Give pool test sheet to the Duty Manager and notify them of any results that are out of range.  Lifeguard is to return to supervising pool area and Duty Manager is to give Pool Test sheet to receptionist to log in to SALT within 30 mins of the test completion. |

## **Insert or Attached evidence of your Pool test (ie log book)**

## **Third-party report 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | | |
| Unit being assessed | SISCAQU001 Test pool water quality | | |
| Name and position of person completing the third-party report |  | | |
| Telephone contact |  | Do you hold a current SISSS00110 qualification? | YES or NO |
| Number of years’ experience in the aquatic industry |  | | |

| 1. *Feedback should be given where required and appropriate.* | 1. **Yes** | 1. **No** |
| --- | --- | --- |
| 1. Did the student perform a visual inspection of the aquatic environment when completing the testing of the pool water |  |  |
| Did the student receive feedback and act upon through the testing |  |  |
| Can you verify that the student completed the pool water testing to an industry required level |  |  |
| The student correctly completed the pool log input |  |  |

| 1. Do you have any suggestions for improvement of the candidate’s skills/ knowledge in this area? | |
| --- | --- |
|  | |
| 1. Further comments/feedback: | |
|  | |
| 1. Name of Third-Party person: | |
| 1. Signature of Third-Party person: | 1. Date: |

## **Pool water testing report 2**

|  |  |
| --- | --- |
| Name of Student: |  |
| Date and time of pool water quality test |  |
| Venue |  |

| 1. Equipment required for the water quality test |
| --- |
| Before commencing sampling of pool water, ensure you have the following equipment available and the work area is clean and tidy:   * Recording sheet * Palintest Pooltest 9 testing unit including light shield * Palintest Reagent Tablets - DPD XF, DPD XT, Phenol Red, Alkaphot, Calcicol 1, Calcicol 2 NOTE: check the expiry date of tablets and discard if past expiry date * 10ml Test Tubes x 4 * Sampling Cups x 4 * Tablet Crusher * Pool Test Sheet and Pen * TDS Meter * Paper Towel * 10ml syringe * Waste bin * Sink and running water |

| 1. Visual inspection |
| --- |
| A visual inspection of the pool is required to identify any contaminations visual to the sight of the individual. |

| 1. Cleaning the test area after testing has been finalised |
| --- |
| After all pools have been tested turn off Palintest Unit and TDS Meter  Ensure all test tubes, measuring cups, tablet crushers and syringes are rinsed and dried and stored appropriately  Wipe down and dry the test area with paper towel  Dispose of all empty packaging and waste into the bin |
| 1. Reporting required post test |
| Give pool test sheet to the Duty Manager and notify them of any results that are out of range.  Lifeguard is to return to supervising pool area and Duty Manager is to give Pool Test sheet to receptionist to log in to SALT within 30 mins of the test completion. |

## **Insert or Attached evidence of your Pool test (ie log book)**

## **Third-party report 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | | |
| Unit being assessed | SISCAQU001 Test pool water quality | | |
| Name and position of person completing the third-party report |  | | |
| Telephone contact |  | Do you hold a current SISSS00110 qualification? | YES or NO |
| Number of years’ experience in the aquatic industry |  | | |

| 1. *Feedback should be given where required and appropriate.* | 1. **Yes** | 1. **No** |
| --- | --- | --- |
| 1. Did the student perform a visual inspection of the aquatic environment when completing the testing of the pool water |  |  |
| Did the student receive feedback and act upon through the testing |  |  |
| Can you verify that the student completed the pool water testing to an industry required level |  |  |
| The student correctly completed the pool log input |  |  |

| 1. Do you have any suggestions for improvement of the candidate’s skills/ knowledge in this area? | |
| --- | --- |
|  | |
| 1. Further comments/feedback: | |
|  | |
| 1. Name of Third-Party person: | |
| 1. Signature of Third-Party person: | 1. Date: |

## **Pool water testing report 3**

|  |  |
| --- | --- |
| Name of Student: |  |
| Date and time of pool water quality test |  |
| Venue |  |

| 1. Equipment required for the water quality test |
| --- |
| Before commencing sampling of pool water, ensure you have the following equipment available and the work area is clean and tidy:   * Recording sheet * Palintest Pooltest 9 testing unit including light shield * Palintest Reagent Tablets - DPD XF, DPD XT, Phenol Red, Alkaphot, Calcicol 1, Calcicol 2 NOTE: check the expiry date of tablets and discard if past expiry date * 10ml Test Tubes x 4 * Sampling Cups x 4 * Tablet Crusher * Pool Test Sheet and Pen * TDS Meter * Paper Towel * 10ml syringe * Waste bin * Sink and running water |

| 1. Visual inspection |
| --- |
| A visual inspection of the pool is required to identify any contaminations visual to the sight of the individual. |

| 1. Cleaning the test area after testing has been finalised |
| --- |
| After all pools have been tested turn off Palintest Unit and TDS Meter  Ensure all test tubes, measuring cups, tablet crushers and syringes are rinsed and dried and stored appropriately  Wipe down and dry the test area with paper towel  Dispose of all empty packaging and waste into the bin |
| 1. Reporting required post test |
| Give pool test sheet to the Duty Manager and notify them of any results that are out of range.  Lifeguard is to return to supervising pool area and Duty Manager is to give Pool Test sheet to receptionist to log in to SALT within 30 mins of the test completion. |

## **Insert or Attached evidence of your Pool test (ie log book)**

## **Third-party report 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | | |
| Unit being assessed | SISCAQU001 Test pool water quality | | |
| Name and position of person completing the third-party report |  | | |
| Telephone contact |  | Do you hold a current SISSS00110 qualification? | YES or NO |
| Number of years’ experience in the aquatic industry |  | | |

| 1. *Feedback should be given where required and appropriate.* | 1. **Yes** | 1. **No** |
| --- | --- | --- |
| 1. Did the student perform a visual inspection of the aquatic environment when completing the testing of the pool water |  |  |
| Did the student receive feedback and act upon through the testing |  |  |
| Can you verify that the student completed the pool water testing to an industry required level |  |  |
| The student correctly completed the pool log input |  |  |

| 1. Do you have any suggestions for improvement of the candidate’s skills/ knowledge in this area? | |
| --- | --- |
|  | |
| 1. Further comments/feedback: | |
|  | |
| 1. Name of Third-Party person: | |
| 1. Signature of Third-Party person: | 1. Date: |

## **Pool water testing report 4**

|  |  |
| --- | --- |
| Name of Student: |  |
| Date and time of pool water quality test |  |
| Venue |  |

| 1. Equipment required for the water quality test |
| --- |
| Before commencing sampling of pool water, ensure you have the following equipment available and the work area is clean and tidy:   * Recording sheet * Palintest Pooltest 9 testing unit including light shield * Palintest Reagent Tablets - DPD XF, DPD XT, Phenol Red, Alkaphot, Calcicol 1, Calcicol 2 NOTE: check the expiry date of tablets and discard if past expiry date * 10ml Test Tubes x 4 * Sampling Cups x 4 * Tablet Crusher * Pool Test Sheet and Pen * TDS Meter * Paper Towel * 10ml syringe * Waste bin * Sink and running water |

| 1. Visual inspection |
| --- |
| A visual inspection of the pool is required to identify any contaminations visual to the sight of the individual. |

| 1. Cleaning the test area after testing has been finalised |
| --- |
| After all pools have been tested turn off Palintest Unit and TDS Meter  Ensure all test tubes, measuring cups, tablet crushers and syringes are rinsed and dried and stored appropriately  Wipe down and dry the test area with paper towel  Dispose of all empty packaging and waste into the bin |
| 1. Reporting required post test |
| Give pool test sheet to the Duty Manager and notify them of any results that are out of range.  Lifeguard is to return to supervising pool area and Duty Manager is to give Pool Test sheet to receptionist to log in to SALT within 30 mins of the test completion. |

## **Insert or Attached evidence of your Pool test (ie log book)**

## **Third-party report 4**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | | |
| Unit being assessed | SISCAQU001 Test pool water quality | | |
| Name and position of person completing the third-party report |  | | |
| Telephone contact |  | Do you hold a current SISSS00110 qualification? | YES or NO |
| Number of years’ experience in the aquatic industry |  | | |

| 1. *Feedback should be given where required and appropriate.* | 1. **Yes** | 1. **No** |
| --- | --- | --- |
| 1. Did the student perform a visual inspection of the aquatic environment when completing the testing of the pool water |  |  |
| Did the student receive feedback and act upon through the testing |  |  |
| Can you verify that the student completed the pool water testing to an industry required level |  |  |
| The student correctly completed the pool log input |  |  |

| 1. Do you have any suggestions for improvement of the candidate’s skills/ knowledge in this area? | |
| --- | --- |
|  | |
| 1. Further comments/feedback: | |
|  | |
| 1. Name of Third-Party person: | |
| 1. Signature of Third-Party person: | 1. Date: |

**Portfolio of Evidence Part 2**

1. **Inspect aquatic plant and facility**

In this assessment task, you are required to complete:

* 2 Routine inspections of the aquatic plant and equipment and complete minor maintenance tasks
* Provide evidence that this has been completed (template provided in the form of a checklist, however this can be substituted for your organisations checklist (open and close procedures) to demonstrate your ability to complete the above tasks.
* You will be required to submit your completed checklist along with either filmed footage of you completing these tasks or a third-party report through a suitably qualified staff member at your workplace.
* 2 Routine inspections of the aquatic plant and equipment and complete minor maintenance tasks, which can include the following:
* circulation plant
* heating, lighting and ventilation systems
* power supply and circuits
* water supply and drainage systems
* electronic and mechanical operations
* circuit breakers
* batteries and fuses
* electrical hazards

As part of this assessment you will be required to complete a inspection checklist to demonstrate your ability to complete the required tasks. This checklist is general in nature and if your workplace has a specifically designed inspection checklist for the environment this can be used instead of the provide template for use.

Each inspection should be observed by a ***suitably qualified supervisor*** at the facility with the relevant industry experience and capabilities. The supervising staff member will complete a ***third-party report*** for each inspection completed, to the total of 2 inspection sessions.

If you do not have a ***suitably qualified supervisor*** at your workplace present you can film the inspections and submit these for your trainer to assess your inspections.

Direct feedback will be given and if there are any required adjustments another resubmission will be required.

Please ensure that you use a clear voice, clearly voice any issues that you identify and ensure that you are facing the camera when you are speaking.

## **Routine inspection and minor maintenance 1**

|  |  |
| --- | --- |
| Name of Student: |  |
| Date and time of pool water quality test |  |
| Venue |  |

| 1. Information related to the process |
| --- |
| |  | | --- | | The plant room is home to various components that make up the pool water filtration system and, in some cases, it can be a storage area for Hazardous Chemicals. This is a high-risk area in which only qualified and trained personnel may access. | | The plant room must NOT be used as a storage room for anything else than plant room equipment or pool chemicals. Housing non-plant room related equipment can draw unauthorised personnel into this high-risk environment.  Routine site-specific training is mandatory and must be supported by training documents and registers.  Plant room(s) must remain securely locked at all times to prevent untrained personnel from entering this high-risk environment.  The purpose of this signage is to identify the hazards found in the plant room as well as the Personal Protection Equipment (PPE) that must be worn.  SDS's are documents that provide critical information about hazardous chemicals and there must be a folder in each plant room with an SDS for each chemical.  Each plant room has a fully stocked PPE cabinet. The correct PPE must be worn as per signage and SDS (Safety Data Sheet) guidelines.  Service tags should be found on all plant components and should display the following information:   * Contractors Company details * Components name * Detail of works completed * Technicians name * Date of service * Date of next service   Safe plant room guidelines must be followed at all time and is everyone’s responsibility | |

## **Insert or Attached evidence of your inspection**

## (ie workplace logbook or video)

## 

## 

## **Third-party report 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | | |
| Unit being assessed | SISCAQU003 Maintain aquatic facility plant and equipment | | |
| Name and position of person completing the third-party report |  | | |
| Telephone contact |  | Do you hold a current SISSS00110 qualification? | YES or NO |
| Number of years’ experience in the aquatic industry |  | | |

| 1. *Feedback should be given where required and appropriate.* | 1. **Yes** | 1. **No** |
| --- | --- | --- |
| 1. Did the student perform a visual inspection of the plant and equipment room |  |  |
| Did the student receive feedback and act upon through the inspection |  |  |
| Can you verify that the student completed the inspection of the plant and equipment room to an industry required level |  |  |
| The student correctly completed the pool log input |  |  |

| 1. Do you have any suggestions for improvement of the candidate’s skills/ knowledge in this area? | |
| --- | --- |
|  | |
| 1. Further comments/feedback: | |
|  | |
| 1. Name of Third-Party person: | |
| 1. Signature of Third-Party person: | 1. Date: |

## **Routine inspection and minor maintenance 2**

|  |  |
| --- | --- |
| Name of Student: |  |
| Date and time of pool water quality test |  |
| Venue |  |

| 1. Information related to the process |
| --- |
| |  | | --- | | The plant room is home to various components that make up the pool water filtration system and, in some cases, it can be a storage area for Hazardous Chemicals. This is a high-risk area in which only qualified and trained personnel may access. | | The plant room must NOT be used as a storage room for anything else than plant room equipment or pool chemicals. Housing non-plant room related equipment can draw unauthorised personnel into this high-risk environment.  Routine site-specific training is mandatory and must be supported by training documents and registers.  Plant room(s) must remain securely locked at all times to prevent untrained personnel from entering this high-risk environment.  The purpose of this signage is to identify the hazards found in the plant room as well as the Personal Protection Equipment (PPE) that must be worn.  SDS's are documents that provide critical information about hazardous chemicals and there must be a folder in each plant room with an SDS for each chemical.  Each plant room has a fully stocked PPE cabinet. The correct PPE must be worn as per signage and SDS (Safety Data Sheet) guidelines.  Service tags should be found on all plant components and should display the following information:   * Contractors Company details * Components name * Detail of works completed * Technicians name * Date of service * Date of next service   Safe plant room guidelines must be followed at all time and is everyone’s responsibility | |

## **Insert or Attached evidence of your inspection**

## (ie workplace logbook or video)

## **Third-party report 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | | |
| Unit being assessed | SISCAQU003 Maintain aquatic facility plant and equipment | | |
| Name and position of person completing the third-party report |  | | |
| Telephone contact |  | Do you hold a current SISSS00110 qualification? | YES or NO |
| Number of years’ experience in the aquatic industry |  | | |

| 1. *Feedback should be given where required and appropriate.* | 1. **Yes** | 1. **No** |
| --- | --- | --- |
| 1. Did the student perform a visual inspection of the plant and equipment room |  |  |
| Did the student receive feedback and act upon through the inspection |  |  |
| Can you verify that the student completed the inspection of the plant and equipment room to an industry required level |  |  |
| The student correctly completed the pool log input |  |  |

| 1. Do you have any suggestions for improvement of the candidate’s skills/ knowledge in this area? | |
| --- | --- |
|  | |
| 1. Further comments/feedback: | |
|  | |
| 1. Name of Third-Party person: | |
| 1. Signature of Third-Party person: | 1. Date: |

**Portfolio of Evidence Part 3**

1. **Inspect aquatic plant and facility**

In this assessment task, you are required to complete:

* A case study - developing and documenting a new pool water maintenance procedure that meets the regulatory requirements of your state/territory’s health act Routine inspections of the aquatic plant and equipment and complete minor maintenance tasks.
* Complete and implement your workplace pool water maintenance procedure and provide either video footage or a completed third party report from a suitably qualified staff member.
* Provide evidence that this has been completed and reviewed
* You will be required to submit your completed documents

**Section 1**

Scenario:

You have arrived at the Altona Dunes Recreation Centre (NSW based centre) and have been tasked with developing and documenting a new pool water maintenance procedure that meets the regulatory requirements of your state/territory’s health act.

You have been given the below overlay of the site to assist with your planning of the new pool water maintenance program.

You are required to write a short one page report on how you will be monitoring the following areas as the person in charge of this area.

**What is you monitoring and treatment procedures for**:

* Microbiological levels
* Disinfectant levels
* pH levels
* Clarity levels

**What is you monitoring and treatment procedures staff training** – how will you ensure the staff that are tasked with monitoring the water quality will be completing this in a systematic process across the centre?

**What safety procedures will be in place inside the plantroom, including but not limited to**: Safety signs, PPE, Cleaning equipment etc.

* A documented emergency response to a fire in the plant room, and the emergency response which will be followed by staff.
* An outline for staff in the plant room of the chain of communication for incidents and repairs which are required.

You have also been tasked to create a **new pool log** which will capture the water quality test results after each test completed in the plant room.

Plant Room 1

Plant Room 2

Chlorine Bulk Tank

Kids Play Pool

25m Outdoor Pool

Grandstand

Grandstand

Kiosk / Reception

Male Amenities

Female Amenities

1. **What is you monitoring and treatment procedures for**:

|  |
| --- |
|  |

**2. What is you monitoring and treatment procedures staff training** – how will you ensure the staff that are tasked with monitoring the water quality will be completing this in a systematic process across the centre?

|  |
| --- |
|  |

**What safety procedures will be in place inside the plantroom, including but not limited to**: Safety signs, PPE, Cleaning equipment etc.

|  |
| --- |
|  |

**Section 2**

You are required to under direct supervision of a suitably qualified employee at your site, implement their pool water maintenance procedure. This procedure is required to be attached to the third-party report as further evidence that this procedure was sited and completed.

Your suitably qualified employee/supervisor at your site will describe a chemical emergency that has occurred in the plantroom or facility. You will be required to act upon this and simulate how you would proceed in this emergency. (Please note: This is required to be recorded and uploaded as further evidence if your supervisor is not a Southern Education Trainer)

**You are required to successfully respond to a chemical emergency in your own site.**

After you have completed the designated tasks within the pool water maintenance procedure set out by your workplace, you are required to evaluate the processes that you have completed.

In your evaluation you will look at the flow of tasks completed, number of tasks completed over the time period and reflect on the practices used. Your evaluation can be of a positive nature of the facility if the process was systemised and carried out in a well thought out sequence. Your evaluation can also bring to attention any areas that you think can be improved or altered.

At the conclusion of your evaluation of the pool water maintenance procedure submit this to your suitably qualified employee/supervisor to complete the required third-party report.

You will be required to have the suitably qualified staff member complete a third-party report to verify and comment on your ability to complete this task under direct supervision.

## Third-party report

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | | |
| Unit being assessed | SISCAQU004 Develop and implement pool water maintenance procedures | | |
| Name and position of person completing the third-party report |  | | |
| Telephone contact |  | Do you hold a current SISSS00110 qualification? | YES or NO |
| Number of years’ experience in the aquatic industry |  | | |

| 1. *Feedback should be given where required and appropriate.* | 1. **Yes** | 1. **No** |
| --- | --- | --- |
| 1. Did the student perform the prescribed tasks in your pool water maintenance procedure to the standards within your organisation |  |  |
| Did the student receive feedback and act upon through the pool water maintenance procedure |  |  |
| Can you verify that the student completed the pool water maintenance procedure to an industry required level |  |  |
| The student successfully implemented emergency procedures inline with the chemical emergency described to them  Chemical Emergency: |  |  |
| The student was filmed completing this task and the student has been given this footage for assessment purposes |  |  |

| 1. Do you have any suggestions for improvement of the candidate’s skills/ knowledge in this area? | |
| --- | --- |
|  | |
| 1. Further comments/feedback: | |
|  | |
| 1. Name of Third-Party person: | |
| 1. Signature of Third-Party person: | 1. Date: |

**Student Evaluation of the pool water maintenance procedure**

| 1. Students evaluation of the pool water maintenance procedure |
| --- |
|  |

**Portfolio of Evidence Part 4**

You have been engaged as the maintenance coordinator for a commercial leisure operator who manages and operates local community aquatic and leisure facilities on behalf of local government. Your role has been created to ensure the facilities managed are maintained in line with client expectations and that the facility is able to operate in a safe and efficient manner.

As the maintenance coordinator you are responsible to identify maintenance priorities, create maintenance lists and carry out a structured preventative maintenance program across the facility.

You are required to develop a maintenance procedure for the facility which includes the following:

* circulation plant
* heating systems
* lighting or ventilation systems
* disinfection systems
* required supplies
* servicing and repair
* equipment replacement/redundancy

**Facility Background**

Your company has just been awarded the contract to manage a seasonal single outdoor pool on behalf of council. You have been engaged to ensure the safe and efficient operation of the facility through the summer season (September – April) and provide ongoing off-season (May – August) maintenance during the winter closure period.

**The facility consists of the following**:

* Outdoor 6 lane 25m pool with independent plant room (shown below)
* Wooden Grandstand
* Kids play pool (irregular shape) with independent plant room (shown below)
* Male and Female change rooms and amenities
* General Storerooms
* Chemical store rooms
* Kiosk and entry space

**Plant room 1** – 25m Outdoor Pool (pool + system volume = 400,000L)

* 1 x Sand Filter with pre filtration hair and lint basket
* Sodium Hypochlorite disinfection system (5,000L bulk tank)
* Hydrochloric Acid pH control (250L bulk tank)
* Balance tank
* Prominent chemical controllers (with probes)

**Plant Room 2** – Kids Play Pool (irregular shape) (pool + system volume = 30,000L)

* 2 x small independent sand filters (Waterco) with multiport system
* Sodium Hypochlorite disinfection system (20L drum day tank)
* Hydrochloric Acid pH control (20L drum day tank)
* Skimmer Boxes (no balance tank)
* Prominent chemical controller (with probes)

Plant Room 1

Plant Room 2

Chlorine Bulk Tank

Kids Play Pool

25m Outdoor Pool

Grandstand

Grandstand

Kiosk / Reception

Male Amenities

Female Amenities

**You are required to complete the following tasks.**

* 1. Identify maintenance priorities from the centre layout and explain how this is to be maintained? Priorities the top 10 priorities in the list below.

|  |  |  |
| --- | --- | --- |
| **Number** | **Item description** | **How to maintain this** |
| 1 |  |  |
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**Portfolio of Evidence Part 5**

Using the risk assessment form, you are required to complete a detailed risk assessment of the centre you are emplyed at or a centre you can gain access to.

You are required to complete 20 items as part of the risk assessment.

An example has been provided for you for review.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Task/Substance Name: General | | Date: 01/01/2020 | | | | PPE: | |
| Section/Unit: All areas | | Next Review: 01/01/2021 | | | | N/A | |
| Uses and Applications: Allow individuals to see their surroundings | | Potential Health Effects:  ACUTE: Broken bones, head injury and spinal injury  MINOR: Cuts, scrapes and bruises | | | |
| Persons Conducting this Risk Assessment | |
| Name: Joshua Miller | Position: OHS Contractor |
|  |  | SDS Required: | |
|  |  | Is Health Monitoring Required? Yes ☐ No ☐ | | | | Yes ☐ No ☐ | |
| Approval | Hierarchy of Control | Likelihood | Consequences | | | | |
| Name: | ELIMINATE: Eliminate the process, material or substance. | Negligible  1 | Insignificant  2 | Moderate  3 | Major  4 | Catastrophe  5 |
| Position: | No medical treatment required | Reversible disability or impairment requiring hospitalization | Disability or impairment (<30%) to 1 or more persons | Single fatality or severe disability (>30%) to 1 or more persons | Multiple fatalities or significant irreversible effects (>30%) to >1 person |
| Signature: | SUBSTITUTE: Replace the process, material or substance with a safer one.  ISOLATE: Isolate the person from the process, material or substance.  ENGINEER: Re-design the process or material. |
| Date: | A: Almost Certain: is expected to occur (1:1) | Medium (M) | High (H) | High (H) | Critical (C) | Critical (C) |
| C = Critical (Immediate action required) | B: Likely: will probably occur (1:2) | Medium (M) | Medium (M) | High (H) | High (H) | Critical (C) |
| H = High (Prioritised action required) | C: Possible: could occur at some time (1:10) | Low (L) | Medium (M) | High (H) | High (H) | High (H) |
| M = Medium (Planned action required) | ADMINISTRATE: Limit exposure to the risk by job rotation, SOP, training and signage.  PPE: Use personal protective equipment. | D: Unlikely: might occur at some time (1:100) | Low (L) | Low (L) | Medium (M) | Medium (M) | High (H) |
| L = Low (Actioned by routine procedure) | E: Rare: may occur in an exceptional circumstance | Low (L) | Low (L) | Medium (M) | Medium (M) | High (H) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard/Activity/Job Step | Risks | Pre-Control | | | Controls | Post-Control | | | Owner |
| Consequence | Likelihood | Risk rating | Consequence | Likelihood | Risk Rating |
| Trip hazards - slippery floor, uneven surfaces | Trips and slips leading to injury | 3 | B | H | Signage, risk management, hazard indicators | 3 | D | M |  |
| Electrical faults and issues | Possible electrocution | 4 | C | H | Tag and tested, equipment stored correctly,regular checks in place | 3 | E | M |  |
| Inadequate lighting | Pool visibility can lead to possible trip,slip,drowning or major injury | 4 | C | H | Follow EAP | 3 | E | M |  |
| Chemical spillage | Burning, slipping, gasing, mixing of chemicals | 4 | C | H | Chemical registers and MSDS in place. Extensive staff training completed | 3 | E | M |  |
| Fire Hazards | Major fire in the facility | 5 | C | H | EAP in place and staff trained. Fire equipment serviced regularly | 3 | E | M |  |
| Access | Access to Pools or plant room can lead to serious injury death or drowning | 4 | B | H | Staff supervision and signage in place throughout | 3 | D | M |  |
| Storage | Boxes falling from height, trip hazards, chemical mixing | 3 | B | H | Secure shelving with max load limit. Signage. Chemical bunding/safe storage | 3 | B | M |  |

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| --- | --- | --- | --- |
| Task/Substance Name: | | Date: | PPE: |
| Section/Unit: | | Next Review: |  |
| Uses and Applications: | | Potential Health Effects:  ACUTE: Broken bones, head injury and spinal injury  MINOR: Cuts, scrapes and bruises |
| Persons Conducting this Risk Assessment | |
| Name: | Position: |
|  |  | SDS Required: |
|  |  | Is Health Monitoring Required? Yes ☐ No ☐ | Yes ☐ No ☐ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard/Activity/Job Step | Risks | Pre-Control | | | Controls | Post-Control | | | Owner |
| C | L | R | C | L | R |
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| Monitor and Review | NOTE: Only complete this section when undertaking a review. | | Yes | No |
| 1. Are the planned control measures in place? If No, you must complete another Risk Assessment. | | ☐ |  |
| 1. Are the control measures eliminating or minimizing the risk? If No, you must complete another Risk Assessment. | | ☐ |  |
| 1. Have any new problems been identified? If Yes, you must complete another Risk Assessment. | | ☐ |  |
| Review completed by: | Signature: | Date: | |

What were the major risks you have identifed and what does the centre do to control them?