SUPERVISOR TRAINING

5 SAIOSH CPD CREDITS

Learner Workbook

LEARNER NAME AND SURNAME: ……..

LEARNER ID NUMBER: ……

Details	Please Complete this Section
Name & Surname:	
Organisation:	
Unit/Dept:	
Facilitator Name:	
Date Started:	
Date of Completion:	

Learner Information:

Copyright
All rights reserved. The copyright of this document, its previous editions and any annexures thereto, is protected and expressly reserved. No part of this document may be reproduced, stored in a retrievable system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior permission.

OVERVIEW

About the Learner Workbook	This Learner Exercise Workbook has been designed and developed to evaluate learners' level of understanding It forms part of a series of Learner Workbooks that have been developed for **National Certificate: Occupational Health, Safety and Environment ID 74269 – NQF LEVEL 2 – 120 CREDITS**		
Purpose	The purpose of this Learner Exercise Workbook is to evaluate learners understanding on the specific outcomes and/or assessment criteria of the following SAQA Registered Unit Standards:		
US No	**US Title**	**Level**	**Credits**
SAQA: 259599	**Participate in the establishment, implementation and monitoring of a health and safety agreement**	**2**	**2**
Context	This assessment represents the Formative Assessment component of Function in a business environment**,** for the should be completed in the classroom/training room.		
Resources	The following are resources needed for this assessment: 1. Learner Guide; and 2. Assessment Preparation.		
Instructions to Facilitators	Facilitators will be required to: • Explain the completion of the workbook to each learner; and • Interview the learner on similar questions, should he/she not be able to write.		
Instructions to Learners	Learners will be required to: • Complete the workbook as per the instructions; • Ensure that all questions are completed; • Ensure that the completion of the workbook is their own work; • Ensure that all annexure are attached to the workbook and clearly referred to;		
Assessment Time	Learners are required to complete this assessment within the allocated time frame of.... hours.		
Total Mark	This formative assessment carries a total mark of **_ points**. In order to meet the pass mark, learners are required to achieve a minimum of **80%** of the total marks.		
Equipment	Learners are required to have the following equipment in order to complete this workbook: • Pen and Pencil; • Ruler; and • Exam Pad – for additional paper.		

GENERAL INFORMATION

LEARNER DETAILS		
Learner Full Names		
Learner ID No.:		
Organisation:		
Unit/Dept:		
Contact Details:	**Telephone /Cell Numbers:**	**Email Address:**
WORKSHOP DETAILS		
Workshop Venue:		
Facilitator Name:		
Date Started:		
Date Completed:		

ASSESSMENT PREPARATION CHECKLIST

DESCRIPTION	YES	NO	COMMENTS/CONTINGENCY
This assessment is a formative assessment and it is based on the outlined unit standard/s for module.			
Your assessment evidence for **module** needs to be submitted on..... (day) of.....(month).....(year) at the following address/place.....			
You will be assessed based on the outlined Unit Standards. The assessment activities are linked to specific outcomes/assessment criteria of the outlined Unit Standards.			
To determine your competence level, the following are the methods to be used for this assessment: 1. ..... 2.			
To be declared competent on module (formative assessment), you should have obtained at least 80% of the total mark of this assessment.			
You will be provided with detailed feedback on your performance of this assessment as follows: 1. Written Feedback 2. Verbal Feedback			
Should you be declared "not yet competent" on this assessment, you will be entitled for re-assessment opportunity/ies.			
You will be required to re-submit evidence (only for areas) you were declared not yet competent. A date for re-submission will be agreed with the assessor.			
You will be entitled to lodge an appeal should you not be satisfied with the assessment decision of your assessment.			
You will be required to provide the assessor feedback on assessment procedure – this is to assist in improving the assessment practices.			
Your results of assessment and portfolio of evidence information will not be provided to any person without your written consent.			

Learner's Declaration			
I..... herewith declare that I am ready for the assessment, that we have reviewed the assessment preparation and plan, I understand the assessment process and I am happy that the assessment will be conducted in a fair manner.			
Learner Signature:	**Date:**	**Facilitator Signature:**	**Date:**

Learning Unit1		**Participate in the establishment, implementation and monitoring of a health and safety agreement**
UNIT STANDARD NUMBER	**:**	**259599**
LEVEL ON THE NQF	**:**	**2**
CREDITS	**:**	**2**
FIELD	**:**	**Health Sciences and Social Services**
SUB FIELD	**:**	**Preventive Health**

PURPOSE:	This unit standard will provide learners with knowledge and skills on troubleshooting techniques. People credited with this unit standard are able to: Explaining the specific requirements for participating in the establishment, implementation and monitoring of Health and Safety Agreements. Participating in the negotiation of a Health and Safety Agreement. Monitoring the implementation of a Health and Safety Agreement
LEARNING ASSUMED TO BE IN PLACE:	
It is recommended that learners are competent in Communication at NQF Level 4 or equivalent.	

SESSION 1.		
Activity	**Questions Description**	**Mark**
1	**What is the view of the OHS Act regarding enforcing safe work practices?**	**2**

_____

_____

Activity	**Questions Description**	**Mark**
2	**List 4 qualities of a good supervisor.**	**4**

1. _____ 2. _____

3. _____ 4. _____

Activity	**Questions Description**	**Mark**
3	**Supervisors Functions – answer the following question with True or False.**	**4**

3.1 A supervisor's main goal is to reach productions targets, whilst ensuring the health and safety of his team.

True		False	

3.2 To ensure proper planning is done and lead and motivate his team by leading by example.

True		False	

3.3 A supervisor is not required to have good communication skills.

True		False	

3.4 A supervisor is not responsible to identify hazards, only employees are required to identify hazards.

True		False	

SESSION 2.		
Activity	**Questions Description**	**Mark**
1	List the top 4 Hazards under your scope of work. Explain how you would mitigate them using the Hierarchy of Controls?	**8**

HAZARD	MITIGATION

Activity	Questions Description	Mark
2	List 4 (four) Control measures that must be in place before work in Confined Space can be performed.	**4**

1	
2	
3	
4	

Activity	Questions Description	Mark
3	List 2 (two) Control measures that must be in place before work with Hazardous Chemical substance is performed.	**2**

1	
2	

SESSION 3.		
Activity	**Questions Description**	**Mark**
1	List 4 (four) injuries that must be reported in accordance with the OHS Act.	**4**

1	
2	
3	
4	

Activity	**Questions Description**	**Mark**
2	Provide 2 (two) examples of work-related diseases.	**2**

1	
2	

Activity	**Questions Description**	**Mark**
3	Explain what measures must be in place before an employee can perform work at Heights.	**5**

_____

_____

_____

_____

_____

_____

Activity	**Questions Description**	**Mark**
4	Explain what measures must be in place before work with Portable Electrical Tools can be performed.	**4**

_____

_____

_____

_____

_____

Activity	Specific Outcome 4: Question Description	Mark
5	Organisations need to identify the health and safety needs and put in place and implement measure to address these needs. List the 5 Health and Safety needs that need to be included:	**5**

_____

_____

_____

_____

_____

SELF-ASSESSMENT

The learner must make use of the following self-evaluation checklist to rate himself against the learning outcomes of this particular training module in establishing the level of mastery of the information.

1. Not able to comply
2. Reasonable compliance (Not acceptable for final evaluation)
3. Able to comply fully

LEARNING OUTCOMES		1	2	3
1				
2				
3				
4				

_____ _____

Learner Signature **Date**

_____ _____

Facilitators' Signature **Date**