|  |  |
| --- | --- |
| **Assessor Name:** |  |
| **Assessment plan date:**  (when the assessment date/s for this unit have been agreed) |  |
| **Agreed assessment date/s:** |  |
| **Assessment outcome:**  **(Competent / Not Yet Competent)** |  |
| ***Re-assessment date/s:***  *(if required)* |  |
| ***Final assessment outcome:***  *(if applicable)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Signature |  | Date |  |
| Assessor Signature |  | Date |  |
| *Interpreter Name and Signature (if applicable)* |  | *Date* |  |

# **Observation checklist as per the assessment criteria**

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| --- | --- | --- | --- |
| Candidate Name: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CANDIDATE ACTIVITY  How did the candidate: | | ASSESSOR CONFIRMATION  two occasions over time | |
| **Assess the effectiveness of stunning in accordance with BO’s SOP** | | | |
| 1.1 | |  | | --- | | Confirm the sample of calves to be assessed for effectiveness of stun | |  |  |
| 1.2 | Assess and record the effectiveness of calf stunning |  |  |
| 1.3 | |  | | --- | | Follow BO’s Standard Operating Procedures. | |  |  |

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| **Evidence/Comments etc.** |
|  |

**Underpinning knowledge**

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| --- | --- | --- |
| Please complete these questions after having discussed them with your assessor. | | Assessor marked (initials) |
| 1 | |  | | --- | | Outline the factors which can affect the effectiveness of stunning | |  |
| 2 | |  | | --- | | Outline how to recognise signs of:   * Effective stunning * Ineffective stunning * Recovery * Consciousness | |  |
| 3 | |  | | --- | | Outline how the stunning method used actually stuns calves | |  |
| 4 | State the prompt action required to report ineffective stunning |  |
| 5 | Describe the circumstances in which the need for back-up stunning or killing would be used |  |

**Feedback section**

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| --- |
| Assessor to candidate: |
| Candidate to assessor: |

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name  and Signature |  | Date |  |