Protect turkey welfare in non-penetrative captive bolt device stunning
FDQ – M/615/3065 – M12

Assessment Pack for

_____

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

Candidate Name: _____ Date: _____

CANDIDATE ACTIVITY How did the candidate:		ASSESSOR CONFIRMATION two occasions over time		EVIDENCE/COMMENTS ETC
Carry out penetrative captive bolt device stunning in accordance with Business Operator's SOP				
1.1	Check the availability of relevant equipment and back-up stunning or killing equipment and ensure that they are fit-for-purpose			
1.2	Select and use stunning equipment in ways which minimise avoidable pain, suffering and distress			
1.3	Check that turkeys are stunned effectively			
1.4	Ensure that routine maintenance and cleaning of the stunning equipment is carried out			
1.5	Follow BO's Standard Operating Procedures.			

Underpinning knowledge

Please complete these questions after having discussed them with your assessor.		Assessor marked (initials)
1	State how turkeys are restrained effectively	
2	Outline the positioning requirements of stunning equipment to achieve an effective stun	

3	Outline how to recognise signs of: • effective stunning • ineffective stunning • recovery • consciousness	
4	State the action to be taken if stunning equipment is not operating effectively	
5	Outline how the non-penetrative captive bolt device works including: • principal working parts and maintenance of the device • how non-penetrative captive bolt stunning actually stuns turkeys	
6	Describe the circumstances in which the need for back-up stunning or killing would be used.	

Feedback section

Assessor to candidate:
Candidate to assessor:

Candidate Name and Signature _____ **Date** _____