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| **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)* |  |

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| 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: |  |

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| CANDIDATE ACTIVITY  How did the candidate: | | ASSESSOR CONFIRMATION  two occasions over time | |
| **Handle and care for pigs before they are restrained in accordance with Business Operator’s SOP** | | | |
| 1.1 | |  | | --- | | Check the availability of relevant equipment and handling aids and ensure that they are fit-for-purpose | |  |  |
| 1.2 | Check and report on the welfare status of pigs to minimise avoidable pain, suffering and distress |  |  |
| 1.3 | |  | | --- | | Ensure that pig pens and raceways are safe from hazards and risks including:   * Danger of slips and falls * Obstructions * Lighting/Noise * Insufficient space * Risk of escape | |  |  |
| 1.4 | |  | | --- | | Ensure that pigs have access to sustenance and bedding where required | |  |  |
| 1.5 | |  | | --- | | Follow BO’s Standard Operating Procedures. | |  |  |

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| **Evidence/Comments etc.** |
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**Underpinning knowledge**

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| Please complete these questions after having discussed them with your assessor. | | Assessor marked (initials) |
| 1 | |  | | --- | | State why it is important to identify pigs that are not fit to move to restraint including the:   * dead * diseased/ill * injured * distressed | |  |
| 2 | |  | | --- | | State the importance of environmental conditions in handling and care including:   * temperature/humidity * ventilation * lighting/noise * condition of pens/raceways | |  |
| 3 | |  | | --- | | State how to recognise the signs of ill-health or distress in pigs | |  |
| 4 | Outline the instructions for the use of permitted handling aids/ equipment |  |
| 5 | Describe the circumstances in which the need for emergency stunning or killing should be used. |  |

**Feedback section**

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

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| Candidate Name  and Signature |  | Date. |  |