

# Protect duck welfare in handling and care before they are restrained

**FDQ – T/615/3102 – Q41**

Assessment Pack for

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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 or 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 ducks before they are restrained in accordance with Business Operator’s SOP** | | | |
| 1.1 | Check the availability of relevant equipment and ensure that they are fit-for-purpose |  |  |
| 1.2 | Ensure that there is sufficient space to lairage ducks and that they are protected from adverse environments |  |  |
| 1.3 | Check and report on the welfare status of ducks to minimise avoidable pain, suffering and distress |  |  |
| 1.4 | 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 ducks that are not fit to move to restraint including the:   * dead * diseased / ill * injured * distressed |  |

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| 2 | State the importance of environmental conditions in handling and care including:   * temperature/humidity * ventilation * lighting/noise * distribution of modules |  |
| 3 | State how to recognise the signs of ill-health or distress in ducks |  |
| 4 | 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** |