|  |  |  |
| --- | --- | --- |
| **Documentation Sampling Form** | | |
| **Assessor:** |  | **Date:** |
| **SSRA** |  | **Comments** |
| Site location(s) |  |  |
| Emergency Service meeting point |  |  |
| Nearest A & E with contact details |  |  |
| OS Grid Reference/w3words |  |  |
| Assessment site contact details |  |  |
| Phone details (signal & location) |  |  |
| Hazards & Control Measures |  |  |
| Emergency Contact number for site and assessor |  |  |
| Other |  |  |
|  | | |
| **ROA** | | |
| Assessment duration |  |  |
| Endorsements |  |  |
| Feedback |  |  |
| Candidate comment |  |  |
| Signatures |  |  |
| Other |  |  |
|  |  |  |

**Certificate of Competence - IQA of Assessment Pack (continued)**

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| --- |
| **Feedback to assessor** |
|  |

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| --- | --- | --- |
| **Action required (SMART Targets)** | **Date actioned** | **Date to be checked** |
|  |  |  |

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| **Assessor comments** |
|  |

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| --- | --- | --- | --- | --- | --- |
| **Assessor’s signature:** |  | **Print name:** |  | **Date** |  |
| **IQA’s signature:** |  | **Print name:** |  | **Date** |  |
| **Actions completed (if applicable):** | | | | | |
| **Assessor’s signature:** |  | **Print name** |  | **Date** |  |
| **IQA’s signature:** |  | **Print name** |  | **Date** |  |