Technical Evaluation Record v.1 Jan 2016

City & Guilds | NPTC

QUALIFICATION:	Pesticides - PA2AR Kerb Sprayer	Qualification Code:	0216-50
		Units:	115

Assessor Name:		Technical Verifier Name:	
Assessor No: NEW? D.O.B:		Technical Verifier No:	
Assessor email:		Start Time:	
Invoice To: (Include Centre name if applicable)		End Time:	

CRITERIA: (To be used in conjunction with current Qualification Guidance)	PERFORMANCE EVALUATION (Circle):					COMMENTS:
M/C test paper to check current knowledge of PA principles and specific industry best practice	1	2	3	4	5	**1** = 12 or less/20 **2** = 14/20 **3** = 16/20 **4** = 18/20 **5** = 20/20
Knowledge of H&S regulations and industry best practice. Carry out SSRA. Carry out environmental assessment	1	2	3	4	5	
Knowledge of range of MMA (including pump types, liquid/air flow, controls, components, induction systems)	1	2	3	4	5	
Knowledge of machine preparation and safe driving considerations	1	2	3	4	5	
Knowledge of operator protection, sealed cab/open platform and PPE requirements and standards	1	2	3	4	5	
Knowledge of atomiser/nozzles appropriate to applicator and relevant chart interpretation	1	2	3	4	5	
Interpretation of two appropriate product labels	1	2	3	4	5	
Carry out two methods of calibration appropriate to the applicator (without use of calibration sheet/aids)	1	2	3	4	5	
Read a range of different measuring vessels	1	2	3	4	5	
Knowledge of drift reduction methods	1	2	3	4	5	
Carry out an application. Knowledge of site marking options	1	2	3	4	5	
Knowledge of cleaning/decontamination/disposals	1	2	3	4	5	
Assessment techniques	1	2	3	4	5	
PERFORMANCE EVALUATION COLUMN TOTALS:						**= TOTAL SCORE:**

Result of Technical Evaluation (tick):	**PASS**	TOTAL SCORE REQUIRED TO ACHIEVE ASSESSOR STATUS: (NB. ACHIEVED IN PERFORMANCE EVALUATION COLUMNS 4 & 5 ONLY)	**52**
	FAIL		

TECHNICAL VERIFIER COMMENTS (ACTION PLAN):

Please continue on reverse if necessary

ASSESSOR COMMENTS:

Please continue on reverse if necessary

TECHNICAL VERIFIER SIGNATURE:		**Cost:** £200 Half Day £300 Full Day	**Date:**
ASSESSOR SIGNATURE:			