

**4101 Automotive Qualifications
Recording Forms**





Observation Checklist Maintenance & Repair & Fitting

The candidate has been observed carrying out the following activity to legal, manufacturers', company and industry standards.

Activity _____

Vehicle Make _____ Model _____ Registration _____

Venue _____

Unit/s observed

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During the observation the candidate correctly:	Y	N	Details of work and scope covered.
Used appropriate communication methods when responding to/asking for assistance.			
Maintained positive and productive working relationships with colleagues.			
Used information sources, tools, equipment, materials & resources.			
Checked, cleaned & maintained tools, equipment & work area(s).			
Adopted good housekeeping practices.			
Selected and used PPE.			
Stored, used & disposed of tools, equipment, materials & debris.			
Identified relevant hazards, and evaluated and dealt with any potential risks.			
Ensured their actions did not endanger the health and safety of self and others.			
Reviewed technical information.			
Used examination methods and assessments to identify the work requirements.			
Identified/diagnosed the work requirements.			
Made a cost effective recommendation based on the analysis of the diagnostic information.			
Selected tools, equipment, techniques, materials & resources to be used.			
Prepared work area, vehicle, components, tools, equipment, resources & materials.			
Carried out the work activity.			
Worked in a way that minimised the risk of damage to the vehicle and its systems.			
Checked the work for compliance.			
Completed work records.			
Completed the work activity in the time allocated.			
Reported problems/delays to the appropriate person(s).			

Candidate name
Assessor name

Signature
Signature

Date
Date



Observation Checklist Body & Paint Refinishing

The candidate has been observed carrying out the following activity to legal, manufacturer's, company and industry standards.

Activity _____

Vehicle Make _____ Model _____ Registration _____

Venue _____

Unit/s observed

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During the observation the candidate correctly:	Y	N	Details of work and scope covered.
Used appropriate communication methods when responding to/asking for assistance.			
Maintained positive and productive working relationships with colleagues.			
Checked & maintained tools, equipment & work area(s).			
Adopted good housekeeping practices.			
Selected and used PPE.			
Disposed of waste materials & debris using approved methods			
Identified relevant hazards, and evaluated and dealt with any potential risks.			
Ensured their actions did not endanger the health and safety of self and others.			
Reviewed technical information and followed refinishing schedules.			
Used examination methods and assessments to identify the work requirements.			
Made a cost effective recommendation based on the analysis of the diagnostic information.			
Selected and used correctly appropriate tools equipment and materials.			
Prepared surfaces for the application of refinishing topcoats.			
Carried out necessary inter-coat preparation.			
Selected, prepared and used appropriate refinishing materials.			
Identified, matched and mixed refinishing topcoats.			
Worked in a way that minimised the risk of damage to the vehicle and its systems.			
Rectified minor defects using burnishing and polishing.			
Completed the work activity in the time allocated.			
Reported problems/delays to the appropriate person(s).			
Completed work records.			

Candidate name

Signature

Date

Assessor name

Signature

Date



Observation Checklist Body & Paint Repair/MET

The candidate has been observed carrying out the following activity to legal, manufacturer's, company and industry standards.

Activity _____

Vehicle Make _____ Model _____ Registration _____

Venue _____

Unit/s observed

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During the observation the candidate correctly:	Y	N	Details of work and scope covered.
Used appropriate communication methods when responding to/asking for assistance.			
Maintained positive and productive working relationships with colleagues.			
Checked & maintained tools, equipment & work area(s).			
Adopted good housekeeping practices.			
Selected and used PPE.			
Disposed of waste materials & debris using approved methods			
Identified relevant hazards, and evaluated and dealt with any potential risks.			
Ensured their actions did not endanger the health and safety of self and others.			
Reviewed technical information.			
Used examination methods and assessments to identify the work requirements.			
Made a cost effective recommendation based on the analysis of the diagnostic information.			
Selected and used correctly appropriate tools equipment and materials.			
Removed & refitted MET efficiently and safely.			
Repaired damaged body components, reinstating body contours and panel gaps.			
Removed & fitted body panels and sections following approved methods.			
Used specialist panel repair equipment to make non structural repairs.			
Used specialist body re-alignment equipment to make structural repairs.			
Used welding equipment to attach body panels or sections.			
Completed the work activity in the time allocated.			
Reported problems/delays to the appropriate person(s).			
Completed work records.			

Candidate name

Signature

Date

Assessor name

Signature

Date



Observation Checklist Roadside Assistance & Recovery

The candidate has been observed carrying out the following activity to legal, manufacturers', company and industry standards.

Activity

Vehicle Make

Model

Registration

Venue

Unit/s observed

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During the observation the candidate correctly:	Y	N	Details of work and scope covered.
used suitable PPE throughout all roadside, repair, assessment and security activities.			
secured and protected the incident site			
secured the immediate safety of the driver and passengers			
made an initial assessment of the incident			
provided accurate information promptly and clearly to all parties			
sought assistance and guidance from the relevant authorities when hazardous substances are present.			
ensured the initial assessment of the vehicle established the fault and/or need for repair/recovery			
made justifiable decisions for a course of action			
reviewed data/procedures as required			
carried out diagnostic procedures *			
made suitable recommendations for rectification and repair or recovery *			
carried out repair work where appropriate *			
ensured working practices are safe and conform to legal, current industry Code of Practice for Safe Roadside Working and workplace requirements			
used the most suitable recovery method or reported to controller where current equipment is not suitable			
stored all personal effects and loads in a secure location			
sought guidance and assistance from the relevant person(s) promptly where loads require specialist handling and transfer procedures			
made the casualty vehicle safe prior to commencing any recovery operation			
operated all recovery vehicles/ equipment so as to gain maximum mechanical advantage			
ensured accident recovery working practices and procedures comply with legal requirements and industry codes of practice			
ensured the recovery site is left free of all debris, waster, tools and equipment prior to leaving			
ensured all records were accurate and complete and passed to the relevant person(s) promptly			

*note that for diagnostic and repair operations, the maintenance and repair checklist may be more appropriate

Candidate name

Signature

Date

Assessor name

Signature

Date

Assessment records



AS1 Assessor Report & Action Plan

Report No.

Candidate name	Assessor name												
Qualification/level	Unit(s) assessed												
Evidence assessed: portfolio reference numbers													

Tick types of evidence used	Feedback on evidence assessed and further action required	Target Date
O = Observation		
P = Products of work		
Q = Oral questioning		
S = Simulation		
R = Observation (RWE)		
W = Witness testimony		
T = Written tests		
A = Projects/assignments		
APL = Accreditation of Prior Learning		
GOLA		

Assessor signature.....

Candidate signature.....

Date

Assessment records



AS2 Assessor Report (Summative)

Period: from _____ to _____

Report No

Candidate name			Assessor name																			
Qualification/level			Unit(s) assessed																			
Evidence assessed: portfolio reference numbers																						
Assessment of the evidence for the unit(s) above confirms:			Feedback on evidence assessed and further action required													Target Date						
It is valid			Y/N																			
It is authentic			Y/N																			
It is current			Y/N																			
It is sufficient			Y/N																			
All knowledge criteria is met			Y/N																			
All observations are complete			Y/N																			
It meets the evidence requirements			Y/N																			
<p>The evidence submitted confirms the candidate's competence for the above unit(s).</p> <p>Assessor Signature Candidate Signature Date</p> <p>Quality assurance sampling: IV Report Number</p> <p>IV name Signature Date</p> <p>EV name Signature Date</p>																						

Assessment records

EXAMPLE

AS3 Progress Record

Qualification/level

Light vehicle NVQ level 3

Period: from Sept 05 to June 08

Insert units available for this qualification.

CANDIDATE	UNITS COMPLETED										
	G1	G2	G3	MR07	MR08	AE06	G6	MR06	MR10	MR11	MR13
B. Clayton	4	4	4								
J. Coupland						21					
T. Foxon				12	12						
M. Jones											
M. Mann											
B. McMahon		9									
K. Newton				18						18	
J. Rivers					22						
K. Southan				24							

Insert AS2 report number that relates to this candidate's evidence for unit MR07.

'Block out' the optional units not selected by the candidate.

'Block out' all columns not used by this group.

Notes: There are 12 columns, as this is the maximum number of units that can be selected for any qualification.
The internal verifier may use this document to help with his/her sampling.

Assessment records



AS4 Summary of achievement

Candidate name _____

City and Guilds registration number _____

Qualification/level _____

Assessor name _____

Unit No.	Unit title	Candidate signature	Assessor signature	IV signature (if sampled)	IV report no. of sample	EV signature (if sampled)

Competence has been demonstrated in all of the units recorded above using the required assessment procedures and the specified conditions/contexts. The evidence meets the requirements for validity, authenticity, currency, reliability and sufficiency.

Internal verifier name _____

Internal verifier signature _____

Date _____



Observation Checklist

The candidate has been observed carrying out the following activity to legal, manufacturer's, company and industry standards.

Activity Engine low on performance

Vehicle Make Rover Model 416 Registration ABC 123

Venue Candidate's place of work

Unit/s observed

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During the observation the candidate correctly:	Y	N	Details of work and scope covered.
Used appropriate communication methods when responding to/asking for assistance.	✓		Carl spoke to customer to agree course of action.
Maintained positive and productive working relationships with colleagues.	✓		Engine compression test
Used information sources, tools, equipment, materials & resources.	✓		1 2 3 4 5 bar 1 bar 5.2 bar 5 bar
Checked, cleaned & maintained tools, equipment & work area(s).	✓		Strip engine, remove valves, valve on No. 2 cyl burnt.
Adopted good housekeeping practices.	✓		Overhaul cylinder head. Replace all exhaust valves.
Selected and used PPE.	✓		Re-build. Re-test
Stored, used & disposed of tools, equipment, materials & debris.	✓		1 2 3 4 5.25 bar 5.25 bar 5.1 bar
Identified relevant hazards, and evaluated and dealt with any potential risks.	✓		5.25 bar CO 0.1% HC 24 PPM
Ensured their actions did not endanger the health and safety of self and others.	✓		Coolant test - 1 bar
Reviewed technical information.	✓		Antifreeze 40% solution Idle speed 800 rpm
Used examination methods and assessments to identify the work requirements.	✓		Carl took longer than expected due to the first Rover worked on.
Identified/diagnosed the work requirements.	✓		However, he informed his supervisor that he would not complete the work in the time allocated. This ensured reception could contact the customer to let them know that there was going to be a delay.
Made a cost effective recommendation based on the analysis of the diagnostic information.	✓		
Selected tools, equipment, techniques, materials & resources to be used.	✓		
Prepared work area, vehicle, components, tools, equipment, resources & materials.	✓		
Carried out the work activity.	✓		Carl cleaned the work area and disposed of all waste materials in the correct manner.
Worked in a way that minimised the risk of damage to the vehicle and its systems.	✓		
Checked the work for compliance.	✓		I asked him what hazardous substances he used in his workplace and what precautions he takes when using them; he answered these questions accurately and confidently.
Completed work records.	✓		
Completed the work activity in the time allocated.		✓	
Reported problems/delays to the appropriate person(s).	✓		Throughout the observation Carl observed workshop policy on safe working methods, use of equipment and personal presentation.

			Good results for this assessment. Customer happy.
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Candidate name	Carl Jones	Signature	C. Jones	Date	
	18.4.05				
Assessor name	Marshall Clayton	Signature	M.Clayton	Date	18.4.05

Internal verification records



IV1 Sampling Plan

Qualification/Level _____ IV Name _____ Plan Period: from _____ to _____

Assessment location or workplace	Assessor Name	Candidate Name	City & Guilds reg no	City & Guilds reg date	IV Date		Unit	Assessment method/s used	IV Report No	Certificate applied for	Certificate received
					Planned	Actual					

Assessment Method Key:
 O = Observation P = Products of work Q = Oral questioning R = Observation (RWE) S = Simulation
 W = Witness Testimony T = Written tests A = Projects/assignments APL = Accreditation of prior learning G = Gola

Internal verification records



IV2 Internal Verifier Report on Assessment Decisions

Report No

Assessor name	Internal Verifier name
Candidate name	Qualification/level/units
Assessor reports verified: Report numbers (AS1 and AS2)	
Did the internal verifier find the following?	Feedback/further action Assessor initials when actioned
Knowledge assessed correctly	Y/N
Documents completed correctly	Y/N
Records legible and accurate	Y/N
Evidence cross referenced correctly	Y/N
Candidate feedback given appropriately	Y/N
The evidence internally verified was:	
Valid and reliable	Y/N
Authentic and current	Y/N
Sufficient	Y/N
Assessor's decisions confirmed by IV?	Y/N
Further internal verification needed?	Y/N

Assessor signature IV signature Date

EV signature Date

Internal verification records



Report No

IV3 Internal Verifier Report on Assessor Performance

Assessor name	Internal Verifier name			
Candidate name	Qualification/level/units			
The assessor:	Yes	No	Examples/Comments	Actions for assessor Initial when complete
Gave clear information on assessment process to the candidate				
Encouraged the candidate to identify and present relevant evidence				
Considered all possible sources of evidence				
Covered the performance objectives/scope relevant to the assessment criteria				
Asked questions which were clear, did not lead the candidate and were relevant to the essential knowledge				
Involved the candidate in the assessment and encouraged the candidate to ask questions				
Provide clear, evaluative feedback to candidate				
Agreed further action with candidate				
Recorded evidence of assessment decisions effectively and in accordance with verification requirements				
Remained as unobtrusive as practicable				
Administered pre-set simulation/test effectively				
Complied with internal Quality Assurance				

Assessor signature IV signature Date

EV signature Date

Internal verification records



IV 3a Internal Verifiers Candidate Interview Record

Candidate _____ NVQ
 Assessor _____ IV

- What NVQ are you taking?
- Do you have a copy of the standards?
- When did you start gathering evidence for this NVQ?
- When do you expect to complete?
- What progress have you made?
- Where do your assessments take place?
- How often are you assessed?
- Who decides what evidence to collect next?
- How many assessors have you had for this NVQ?

What happens when you are assessed?	YES	NO
Are you watched doing the job?		
Do you look at your evidence with assessor?		
Discuss evidence requirements with assessor?		
Are you set realistic targets with dates?		
Sign assessor reports/action plans?		
Does your assessor talk to your employer/supervisor/mentor?		
Are your assessments pre-planned?		
Do you x-ref your own evidence to the standards?		
Are you provided with feedback following an assessment?		
Your rights and responsibilities.		
Are you aware that you can get unit certification?		
Has the equal ops policy been explained to you?		
Do you feel you are being fairly treated?		
Do you know that you have the right to appeal?		
Do you meet the target dates on your action plans?		

I agree that this discussion record is true and may be shared with my assessor.

Signature candidate _____ Date _____

Signature IV _____ Date _____

Internal verification records



IV3b Internal Verifier Assessor Review

Assessor Name _____

IV Name _____

How long have you been assessing at this centre?

Less than 6 months	7-12 months	13-24 months	Over 2 years
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How much time on average do you spend involved in assessment activities per week?

An hour or less	2-6 hours	7-12	Over 12 hours
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What do you find the most/least useful purpose of assessment team meetings? (grade in order)

- Reviewing candidate progress
- Bringing assessment records up to date
- Planning future assessment activity
- Standardisation exercises
- Evaluating assessment practices
- Discussing your training and development needs

Which of these do you think helps you most as an assessor?

What are the SSC's requirements regarding eligibility to practice as an assessor?

How have you kept up to date with the following?

Technical issues

Assessment practices

Does the assessor have a copy of or have access to:	YES	NO
Centre quality assurance system		
National standards and evidence requirements		
The NVQ code of practice		
QCA guidance on Assessing NVQ's		
Assessor induction pack		
Access to Assessment/EO Policy		
Sample portfolio		
Internal verifier sampling plan		
The relevant assessor reports used: AS1 AS2 AS3 AS4		
Candidate details including; workplace address phone number mentor		

Assessor signature _____

Date _____

IV signature _____

Date _____

Internal verification records

EXAMPLE

IV4 Internal Verifiers Record

Period: from Sept 05 to June 08

IV Name N. Leslie

Qualification/level

Light vehicle NVQ level 3

Insert units available for this qualification.

CANDIDATE	UNITS										
	G1	G2	G3	MR07	MR08	AE06	G6	MR06	MR10	MR11	MR13
B. Clayton											8
J. Coupland								6			
T. Foxon				4		4					
M. Jones					5						
M. Mann				3							
B. McMahon							9				
K. Newton	1	1	1							2	
J. Rivers	10	10	10								
K. Southan				7							

Insert IV report number (IV2 or IV3) for this candidate for unit MR07.

'Block out' the optional units not selected by the candidate.

'Block out' all columns not used by this group.

Notes: Ensure that over time a sample of all candidates and all units are verified. The external verifier may use this document to help with his/her sampling.

Personal Profile



Name _____

Date of birth _____

Contact address _____

Company Details

Contact name _____

Company name _____

Address _____

Telephone No. _____

Fax No. _____

E-mail address _____

Assessment details

Title & level of award _____

Registration No. _____

Registration date _____

Assessor 1 name _____

Assessor 2 name _____

I.V. name _____

You may wish to include a brief CV, which identifies your position in the company and states any particular assessment requirements/requests you have.



NVQ Witness Status Details and Briefing

Please note that a large proportion of evidence, particularly of a practical nature, which is generated for this qualification, will be from tasks that have been ‘witnessed’ by a person who should ideally be qualified and experienced enough to make a valid judgement of the candidates performance.

The witnesses are asked to confirm that other than seeking assistance with lifting etc, the work has been undertaken and completed:

- to the standard defined in the National Occupational Standards
- by the candidate themselves
- without direct assistance from a skilled person.
- with due consideration for Health & Safety
- by effectively communicating with colleagues
- by contributing to Good Housekeeping

As the evidence will be used towards a nationally recognised qualification, it is necessary to establish the ‘status’ of the witnesses.

With this in mind, anyone contributing to this process, is required to complete fully the information requested below.

The inclusion of their signature will indicate that they are not only willing to contribute to the process, but that they have read and understood the above requirements

Witness Name	Company	Contact 'phone	Relationship with candidate	Date	Signature	Please insert Company Stamp below
						Please enter confirmation signature of Senior Manager across Company Stamp