

Reference No.																			
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**SELF-ASSESSMENT GUIDE**

Qualification	<b>AGRICULTURAL MACHINERY SERVICING (4-WHEEL TRACTOR) NC III</b>		
Certificate of Competency (COC 1)	<b>Diagnose and Repair Electrical System of 4-Wheel Tractor</b>		
<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Read each question and check the appropriate column to indicate your answer.</li> </ul>			
<b>Can I?</b>	<b>YES</b>	<b>NO</b>	
<ul style="list-style-type: none"> <li>Diagnose the problems on battery, alternator, electrical circuit and starting systems *</li> </ul>			
<ul style="list-style-type: none"> <li>Compute costs of parts, supplies, materials needed and services to be rendered *</li> </ul>			
<ul style="list-style-type: none"> <li>Repair identified malfunctions and/or replacement of electrical circuit parts and starting system components, if necessary *</li> </ul>			
<ul style="list-style-type: none"> <li>Perform testing and replacement of alternator following standard procedure *</li> </ul>			
<ul style="list-style-type: none"> <li>Recommend repair of alternator</li> </ul>			
<ul style="list-style-type: none"> <li>Perform servicing of batteries following standard procedure *</li> </ul>			
<ul style="list-style-type: none"> <li>Test working condition of repairs done following operation manual, make adjustments if necessary *</li> </ul>			
<ul style="list-style-type: none"> <li>Fill-up service forms/documents</li> </ul>			
<ul style="list-style-type: none"> <li>Clean work area, check and practice proper labeling of tools and equipment *</li> </ul>			
<ul style="list-style-type: none"> <li>Practice safety measures while performing tasks according to Occupational Safety and Health Standards (OSHS) and relevant laws *</li> </ul>			
<ul style="list-style-type: none"> <li>Practice proper waste management according to environmental regulations/laws *</li> </ul>			
I agree to undertake assessment with the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.			
<b>Candidate's Name and Signature</b>		<b>Date</b>	