TESDA-OP-QSO-02-F07

SELF-ASSESSMENT GUIDE

Qualification Title:	Hard Disk Drive (HDD) Front-of-Line (FOL) Opera	tions		
Units of Competency Covered:	 Set up Front-of-Line (FOL) Operations Workplace for Hard Disk Drive (HDD) Production Line Analyze, Carry out and Monitor Front-of-Line (FOL) Operations for Hard Disk Drive (HDD) Production Line Check Quality Compliance of Front-of-Line (FOL) Operations for Hard Disk Drive (HDD) Production Line 			
Instruction: Read each ques indicate your an	stion and check the appropriate column opposite each	n quest	ion to	
Can I?		YES	NO	
Set up Front-of-Line (FOL) Operations Workplace for Hard Disk Drive (HDD) Production Line				
 *Select and complete appropriate tools and materials based on process requirements and required time *Check quantity and quality of materials based on production 				
 specifications *Check completeness and accuracy of documents based on production specifications 				
	procedures on handling tools and other safety ng the operations manual			
 *Identify irregulari 	ity/non-conformance			
 *Set and check HDD FOL machine parameters based on production specifications 				
 *Complete HDD FOL checklist/forms 				
*Check HDD F0 specifications	OL machine basic physical condition based on			
	ping procedures in line with 5S's discipline			
	and Monitor Front-of-Line (FOL) Operations for DD) Production Line			
	PPE and ESD apparels in the performance of the			
*Use appropriate	tools and materials based on process requirements			
	sample unit to the equipment in accordance to and specifications			
*Check HDD FOL	production output in accordance to product criteria			

*Follow Out of Control Action Plan (OCAP), as if nec					
Check Quality Compliance of Front-of-Line (FOL) Hard Disk Drive (HDD) Production Line					
 *Monitor HDD FOL production line 					
 *Perform visual inspection 					
 *Complete HDD FOL lot traceability 					
I agree to undertake assessment in 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.					
Candidate's Name & Signature:	Date:				

Note: * Critical aspect of competency