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| Reference No. | | | | | | | | |
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SELF-ASSESSMENT GUIDE

| Qualification Title: | C III | | | | | | |
|--|--|--------------|-----------|------|--|--|--|
| COC 1 | Develop Mechatronics and Auto and PLC Application Programs | omation Con | trol Circ | uits | | | |
| Instruction: Read each question indicate your answer | and check the appropriate column | opposite eac | h questio | n to | | | |
| Can I? | | | YES | NO | | | |
| Obtain and clarif as needed for the | | | | | | | |
| Develop PLC application program using appropriate code/language* | | | | | | | |
| Download program using manufacturer's procedure* | | | | | | | |
| Run developed of | control circuits and PLC program* | | | | | | |
| Test developed of | control circuits and PLC program* | | | | | | |
| Debug and rework PLC application program* | | | | | | | |
| Prepare a user-friendly documentation of the developed control circuits and PLC program* | | | | | | | |
| 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 | e's Name & Signature: | | Date: | | | | |

Note: * Critical Aspects of Competency

| Reference No. | | | | | | | | |
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SELF-ASSESSMENT GUIDE

| Qualification Title: Mechatronics and Automation Servicing NC III | | | | | | | | | |
|--|-----------------------|--|-------|--|--|--|--|--|--|
| COC 2 Develop Motion Control and System Configuration | | | | | | | | | |
| Instruction: Read each question and check the appropriate column opposite each question to indicate your answer. | | | | | | | | | |
| Can I? YES NO | | | | | | | | | |
| Obtain and clarif | | | | | | | | | |
| Identify input and output signals according to system requirements* | | | | | | | | | |
| Identify motion control system specification according to system requirements* | | | | | | | | | |
| Develop and configure motion control system diagram according to application requirements* | | | | | | | | | |
| Integrate motion control devices according to system diagram* | | | | | | | | | |
| Run developed motion control system to ensure all configuration errors are corrected* | | | | | | | | | |
| Test any limits, exceptions and other aspects built into the motion control system against user's control requirements and acceptance* | | | | | | | | | |
| Prepare final motion control system flowchart, documents and diagrams according to company standards* | | | | | | | | | |
| 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 | e's Name & Signature: | | Date: | | | | | | |

| Reference No. | | | | | | | | |
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SELF-ASSESSMENT GUIDE

| Qualification Title: | Mechatronics and Automation So | ervicing NC III | | | | | | |
|--|--|---------------------|----------|---|--|--|--|--|
| COC 3 | Maintain and Repair PLC-based Automation System | Mechatronics an | d | | | | | |
| Instruction: Read each questior indicate your answe | n and check the appropriate columner. | opposite each que | estion t | 0 | | | | |
| Can I? | YES | NO | | | | | | |
| Check mechatro specification and | | | | | | | | |
| Follow OHS poli | equirements | | | | | | | |
| Identify mechatronics devices to be maintained or repaired from the job instruction* | | | | | | | | |
| | Conduct test accurately on the mechatronics and automation devices using standard procedure* | | | | | | | |
| Diagnose and constandard operations | orrect fault or problem in componer ng procedure* | at in line with the | | | | | | |
| Repair or replace | e defective mechatronics and autom | nation devices* | | | | | | |
| Inspect/Check system to ensure | and automation | | | | | | | |
| Prepare report requirements* | • | | | | | | | |
| 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. | | | | | | | | |
| Candida | : | | | | | | | |