Reference No.																	
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SELF-ASSESSMENT GUIDE

Qualification :	MILKING OPERATION NC II		
Units Of Competency covered: • Conduct pre-milking activities • Perform milking operation • Carry-out post-milking operation			
Instruction:			
Read each questions			
	appropriate box opposite each question to indicate yo	1	
Can I ?		YES	NO
	nd cleaning solutions and discusses its preparation in its label or Material Safety Data Sheet (MSDS) edures *		
Discuss the use of ea	ch disinfectant and cleaning solutions *		
	arlor and machines before use, following industry ufacturing Practice) and company procedures *		
Sanitize tools and ute	nsils using appropriate solutions and following ood Manufacturing Practice) and company		
 Attach milk filters to m recommendation 	nilking machine following manufacturer's		
 Prepare and handle a Practices and Animal 	nimal with care (following Good Animal Husbandry Welfare Act) *		
 Perform foremilking for any abnormalities * 	ollowing standard procedures and observe milk for		
	and interprets results, following standard		
 Describe organoleptic 	/sensory test to determine quality of milk quality		
 Attach clusters, monit completely milking the 	or milking process and detach clusters after		
Perform teat disinfecti Good Animal Husbane	on (dipping or spraying) after milking according to dry Practices *		
	total production at a given time.*		
Identify simple malfun	ction of machine and corrects the problem		
 Identify milking operation immediate supervisor 	ion-related problems that need to be reported to		
 Discuss releasing of a Practices and Animal 	animal with care (following Good Animal Husbandry Welfare Act) *		
	place), cleaning/disinfecting of milking parlor, I milking machine/s according to manufacturer's		
 Discuss the important cleaning * 	ce of proper storage of tools and utensils after		

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 Discuss proper disposal of solid and liquid wastes following environmental rules and regulations* 		
 Observe personal safety and hygiene during pre-milking, milking and post-milking activities * 		
I agree to undertake assessment with the knowledge that information gathered w professional development purposes and can only be accessed by concerned asse and my manage/supervisor.		
Candidate's Name & Signature	Date	
NOTE: *Critical Aspects of Competency		