TESDA-OP-QSO-02-F07 Rev. No. 00 03/01/17

Reference No.																
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SELF-ASSESSMENT GUIDE

Qualification Title:							
COC 2							
Instruction: Read each question and check the appropriate box to indicate your answer.							
Can I?	YES	NO					
Install network cables							
Determine and plan							
 Identify and obtain r according to estat requirements* 							
 Obtain tools, equiprinstallation work in check for correct op 							
Use appropriate personal protective equipment and follow OHS policies and procedures							
 Perform copper cab as the 568A and 56 							
 Install network ca established procedu metallic raceway, fletter 							
 Perform and chec requirements* 							
• Follow 5S and 3Rs							
Set network configurat	ion						
 Check network connetwork design* 	nnectivity of each terminal in accordance with						
 Diagnose and rem standard operating 	nedy network fault or problem in line with the procedures*						
 Configure network network design (Control 							
 Carry out community with OS network corresources) 							
 Respond to unplate established procedure 	nned events or conditions in accordance with ures*						
Set router/Wi-Fi/ wireless access point/repeater configuration							
Configure and set re							

 Configure client device systems settings in a manufacturer's instructions, end-user preferenc design* 						
 Configure client computer wi-fi access* 						
 Configure local area network (LAN) port* 						
Configure wide area network (WAN) port*						
Configure wireless settings*						
Configure security/firewall/advance settings*						
Inspect and test the configured computer networks						
 Undertake final inspection to ensure that the config with the manufacturer's instructions/manual* 						
Check computer networks to ensure safe operation*						
Prepare/complete reports according to company req						
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:	•					
NOTE: * Critical Aspects of Competency						