| Qual | lification : | FOOD PROCESSING | SSING NC IV | | |
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| Certi | ficate of Competency 1: | APPLY RAW MATERIALS/INGREDIENTS AND PROCESS KNOWLEDGE | | | |
| Introduction: Read each of the questions in the left-hand column of the chart. Place a check in the appropriate box opposite each question to indicate your answers. | | | | | |
| CAN I? | | | | YES | NO |
| | Monitor processing parameters, stages and changes which occur during processing* | | | | |
| n | Identify and report non-conformance in raw materials/ingredients, processes and products in accordance to workplace reporting requirements* | | | | |
| | Investigate and report causes of non-conformance according to workplace reporting requirements* | | | | |
| | Determine and implement corrective action within level of responsibility and workplace procedures* | | | | |
| r | Take action to prevent reoccurrence of non-conformance and reports action taken according to workplace procedures and reporting requirements* | | | | |
| | Dispose non-conforming ingredients, raw materials, and products according to workplace policies and procedures* | | | | |
| С | Complete workplace records including reporting non- conformance and documenting corrective actions according to workplace procedures* | | | | |
| | Identify appropriate handling and storage requirements for raw materials/ingredients and final product* | | | | |
| • [| Explain the changes and reactions through processing stages Determine the causes of contamination/unacceptable quality of raw materials/ingredients* | | | | |
| • [| | | | | |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purpose and can only be assessed by concerned assessment personnel and my manager / supervisor. | | | | | |
| Candidate's signature: | | | Date: | | |
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| SELF ASSESSMENT GUIDE | SELF ASSESSMENT GUIDE | | | | | |
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| Qualification : | FOOD PROCESSING | G NC IV | | | | |
| Certificate of Competency 2: | MAINTAIN FOOD SAFETY WHEN LOADING, UNLOADING AND TRANSPORTING FOOD | | | | | |
| • | Read each of the questions in the left-hand column of the chart. Place a check in the appropriate box opposite each question to indicate your | | | | | |
| CAN I? | | | YES | NO | | |
| Inspect and prepare food service receptacles for appropriate | | containers/ | | | | |
| Follow hand washing and workplace requirements* | disinfecting procedu | res to meet | | | | |
| Follow loading/unloading procedures for food in correct sequence and configuration to prevent contamination Loads, secures, and unloads food to meet transportation and temperature control requirements* | | | | | | |
| Monitor temperature parameters and related food safety control points before, during and after transporting food and record information in the required format* | | | | | | |
| Check and monitor other factors that can influence spoilage and contamination during transport* | | | | | | |
| Report incident where food safety control requirements are not met and takes corrective action* | | | | | | |
| Record food safety information to meet workplace requirements* | | | | | | |
| Apply GMP and use PPE* | | | | | | |
| Determine food handling and transport requirements* | | | | | | |
| Determine the hazards in loading, transporting, and unloading food* | | | | | | |
| Communicate effectively both orally and in writing with supervisor and team members | | | | | | |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purpose and can only be assessed by concerned assessment personnel and my manager / supervisor. | | | | | | |
| Candidate's signature: | | Date: | | | | |
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Assessor's signature :

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| Qualification : | FOOD PROCESSING NC IV | | | |
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| Certificate of Competency 3: PARTICIPATE IN SENSORY ANALYSIS | | | | |
| Introduction: Read each of the questions in the left-hand column of the chart. Place a check in the appropriate box opposite each question to indicate your answers. | | | | |
| CAN I? | | | YES | NO |
| Participate in sensory anal | ysis* | | | |
| Ensure that personal conduct does not jeopardize analytical ability* | | | | |
| Analyze samples according to workplace procedures and sensory analysis criteria* | | | | |
| Identify and report defects or abnormalities in samples* | | | | |
| Record analysis results and submit reports to appropriate personnel for action* | | | | |
| Explain principles of sensory analysis system and procedures | | | | |
| Record and report results of analysis* | | | | |
| Communicate effectively with team members and supervisors | | | | |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purpose and can only be assessed by concerned assessment personnel and my manager / supervisor. | | | | |
| Candidate's signature: | | Date: | | |
| Assessor's signature : | | Date: | | |

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| Qualification: | FOOD PROCESSING | G NC IV | | |
| Certificate of Competency 4: | SET UP AND OPERATE PROCESSES IN A PRODUCTION/PACKAGING SYSTEM | | | |
| Introduction: Read each of the questions in the left-hand column of the chart. Place a check in the appropriate box opposite each question to indicate your answers. | | | | |
| CAN I? | | | YES | NO |
| Confirm availability of equipment, related accessories, tools, and utilities to meet production/ packaging requirements* | | | | |
| Select machine settings and enter operating parameters as required to meet safety and production/packaging requirements* | | | | |
| Load materials, ingredients and/or product as required to meet production requirements* | | | | |
| Conduct pre-start checks* | | | | |
| Start system and monitor operating conditions and equipment performance* | | | | |
| Identify variation in operation and report maintenance requirements* | | | | |
| Monitor system to confirm that specifications and stock levels of materials and ingredients are met* | | | | |
| Identify, rectify and/or report out-of-specification product/ process/ packaging outcomes* | | | | |
| Follow stock level maintenance requirements* | | | | |
| Conduct stock inventory and correct and/or report | | | | |
| discrepancies in accordance with workplace procedures* | | | | |
| Handover system operation and brief operators on system status* | | | | |
| Shut down system and identify maintenance requirements | | | | |
| Prepare records and reports on operation and areas for improvement | | | | |
| I agree to undertake assessment in the knowledge that information | | | | |
| gathered will only be used for professional development purpose and can only be assessed by concerned assessment personnel and my manager / supervisor. | | | | |
| Candidate's signature: | | Date: | | |
| Assessor's signature : | | Date: | | |
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| Qualification : | FOOD PROCESSING NC IV | | | | |
| Certificate of Competency 5: | PARTICIPATE IN AN AUDIT PROCESS | | | | |
| Introduction: Read each of the questions in the left-hand column of the chart. Place a check in the appropriate box opposite each question to indicate your answers. | | | | | |
| CAN I? | | | YES | NO | |
| Identify roles and responsibilities of audit participants, purpose and scope of the audit, and information and resources required* | | | | | |
| Collect and analyze information to assess performance against program* | | | | | |
| Check alignment of actual practices with rules, regulations, and requirements* | | | | | |
| Identify areas requiring corrective action and report situations of imminent and serious risk* | | | | | |
| Prepare reports and communicate audit results* | | | | | |
| • Develop corrective action p | lan* | | | | |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purpose and can only be assessed by concerned assessment personnel and my manager / supervisor. | | | | | |
| Candidate's signature: | | Date: | | | |
| Assessor's signature : | | Date: | | | |

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| Qualification : FOOD PROCESSING NC IV | | | | | |
| Certificate of Competency 6: PARTICIPATE IN A HACCP TEAM | | | | | |
| Introduction: Read each of the questions in the left-hand column of the chart. Place a check in the appropriate box opposite each question to indicate your answers. | | | | | |
| CAN I? | | | YES | NO | |
| Identify roles and responsibilities for participating in developing or reviewing a food safety program* | | | | | |
| Identify the scope of the food safety program to cover the area of responsibility* | | | | | |
| Identify processes to be co- program and describes ste | • | • | | | |
| Identify food safety hazards expected to occur for each process based on the food safety program* | | | | | |
| Identify handling methods, processing techniques and existing support programs used in the workplace according to the food safety program* | | | | | |
| Establish, implements and control for each food safety | | methods of | | | |
| • Establish procedures for taking preventive action, methods for monitoring processes, and required corrective action to respond to situations* | | | | | |
| Communicate food safety-related roles and responsibilities and record keeping requirements and responsibilities* | | | | | |
| Establish records required to document, implement and maintain the food safety program* | | | | | |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purpose and can only be assessed by concerned assessment personnel and my manager / supervisor. | | | | | |
| Candidate's signature: | | Date: | | | |
| Assessor's signature : | | Date: | | | |

| Qualification: | FOOD PROCESSING | G NC IV | | |
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| Certificate of Competency 7: | MONITOR WORKPLACE PERFORMANCE AND PARTICIPATE IN IMPROVEMENT PROCESSES | | | |
| CAN I? | | | YES | NO |
| Identify the purpose, responsion formats in recording and recording | | | | |
| Identify and uses workplace standards and key performance indicators for performance measurements* | | | | |
| Confirm records as comple required format | Confirm records as complete, timely, and accurate and in | | | |
| Assess, prioritize and address requests for information to meet required timelines* | | | | |
| | | | | |
| Identify barriers to good practice or optimal performance and defines scope of problem* | | | | |
| Conduct benchmarking within the company, within the food industry, and across different industries to identify potential improvement* | | | | |
| Identify other data required and additional resources available to support investigation and select data collection methods* | | | | |
| Select and apply techniques to investigate problem and identify and assess possible causes and options for improvement* | | | | |
| Identify and describe preferred options and present recommendations* | | | | |
| Support improvement trials, and evaluate and refine proposals | | | | |
| Update and communicate operating procedures of improved practices and monitors improvement performance* | | | | |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purpose and can only be assessed by concerned assessment personnel and my manager / supervisor. | | | | |
| Candidate's signature: Date: | | | | |
| Assessor's signature : | | Date: | | |