

**Learner Unit Achievement Checklist**

**SEG Awards ABC Level 1 Award in Workplace Health and Safety Awareness**

**603/6784/2**

###### SEG Awards ABC Level 1 Award in Workplace Health and Safety Awareness

## Centre Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes to learners – this checklist is to be completed, to show that you have met all the mandatory and required optional units for the qualification.

**F/618/5308 Workplace Health and Safety Awareness - Mandatory Unit**

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| --- | --- | --- | --- | --- |
| Assessment Criteria | Evidence (Brief description/title) | Portfolio Reference | Date Completed | Comment |
| **1.1** State the purpose of the Health and Safety at Work Act  **1.2** State the purpose of the Control of Substances Hazardous to Health Regulations  **1.3** Identify how to report accidents and potential hazards  **1.4** State what you would do if somebody needed medical attention  **1.5** Locate emergency equipment, including, fire/emergency alarm and first aid box |  |  |  |  |
| **2.1** Identify hazardous and non-hazardous materials found in the workplace  **2.2** Give an example of a risk and what you can do to reduce the risk  **2.3** Give an example of a hazard and what you can do to reduce or remove the hazard  **2.4** State the purpose and use of safety equipment and/or clothing  **2.5** Identify how the equipment or clothing in AC 2.4 minimises risk |  |  |  |  |
| **3.1** Identify basic safety signs and the hazards they represent making reference to their size, shape and colour |  |  |  |  |
| **4.1** Explain appropriate health and safety procedures that should be followed to enable you to carry out an identified task safely  **4.2** Identify anything that could be done differently to the procedures in AC 4.1 to improve safety |  |  |  |  |

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| **TUTOR COMMENTS:**  **Name: Signature: Date:** |

If chosen for sampling, Internal/External Moderators must complete the following:

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| INTERNAL MODERATOR COMMENTS:  **Name: Signature: Date:** |
| EXTERNAL MODERATOR COMMENTS:  **Name: Signature: Date:** |

Please ensure these forms are copied and distributed to each learner.