SELF-ASSESSMENT GUIDE

Qualification Title: COMPUTER SYSTEMS SERVICING NC II					
COC 1	INSTALL AND CONFIGURE COMPUTER SYSTEMS				
Instruction: Read each question and check the appropriate box to indicate your answer.					
Can I?		YES	NO		
Assemble compute	r hardware				
Plan and prepare unit for assembly*					
 Identify and obt checks against s 					
Obtain tools, equipment and testing devices to carry out the work and check for correct operation and safety*					
 Assemble following computer hardware according to established OH & S policies and procedures and system requirements* Motherboard and its components Hard drives and its accessories Power supply Peripherals such as keyboard, mouse, cables Perform Basic Input Output System (BIOS) configuration based on system requirements* 					
Prepare installer					
 Create portable bootable devices according to software manufacturer's instruction* Prepare customized installers according to software utilization guide and end-user agreement* Install portable applications according to software user guide and 					
software license* Install operating system and drivers for peripherals/ devices					
 Install operatin procedure and e Install and config 	g system according to established installation end-user agreement* gure drivers of peripherals and devices according to nstructions and OS installation procedures*				
 Access and ins manufacturer's r 					
Check quality of	work according to established procedures*				
Install application software					
	on software based on installation guides, end-user license agreement *				

•	 Carry out variation in application software installation according to manufacturer's recommendations and requirements* 					
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Co	onduct testing and documentation					
Test devices/systems/installation to determine whether they conform to requirements*						
•	Conduct stress test to ensure reliability of equipment					
•	Follow 5S and 3Rs according to environmental policies					
Complete and forward the documentation to appropriate personnel and/or authority						
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:	Date	:			
NO	TE: * Critical Aspects of Competency					
Evaluated by:		☐ Qualified for Assessment☐ Not yet Qualified for				
Da	AC Manager	Assessment				
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