Reference No.								

SELF-ASSESSMENT GUIDE

Qualification Title:			
COC 2			
Instruction: Read each answer.	n question and check the appropriate box to indi	cate yo	our
Can I?	YES	NO	
Install network cables			
Determine and plan			
according to estab requirements*	network materials necessary to complete the work plished procedures and check against system		
	ment and testing devices needed to carry out the accordance with established procedures and eration and safety*		
 Use appropriate policies and procedure 	ersonal protective equipment and follow OHS ures		
 Perform copper cab as the 568A and 56 			
 Install network cab established procedumetallic raceway, fle 			
 Perform and check requirements* 			
Follow 5S and 3Rs a			
Set network configurati	ion		
 Check network connetwork design* 	nectivity of each terminal in accordance with		
Diagnose and rem standard operating	edy network fault or problem in line with the procedures*		
	interface card (NIC) settings in accordance with nfigure IP address of all devices)*		
with OS network corresources)	cation checking between terminals in accordance nfiguration guides* (File sharing, Access network		
 Respond to unplar established procedu 	nned events or conditions in accordance with res*		
Set router/Wi-Fi/ wirele	ess access point/repeater configuration		
Configure and set ro	outer*		

•	Configure client device systems settings in manufacturer's instructions, end-user preference design*		nce with network						
•	Configure client computer wi-fi access*								
•									
•	Configure wide area network (WAN) port*								
•	Configure wireless settings*								
•	Configure security/firewall/advance settings*								
In	spect and test the configured computer networks								
Undertake final inspection to ensure that the configuration conforms with the manufacturer's instructions/manual*									
•	Check computer networks to ensure safe operation*								
•	Prepare/complete reports according to company rec	uiremen	ts*						
be	agree to undertake assessment in the knowledge that used for professional development purposes a uncerned assessment personnel and my manager/su	nd can	only be a						
	Candidate's Name & Signature:	Date:							
N	OTE: * Critical Aspects of Competency								
	Evaluated by:		Qualified for Assessme						
			ASSESSIIIE	H					
l	AC Manager Date:	□ Not yet Qualified for Assessment							