Reference No.																	
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SELF-ASSESSMENT GUIDE

Qualification Title:	COMPUTER SYSTEMS SERVICING NC II		
COC 4 Title	MAINTAIN AND REPAIR COMPUTER S NETWORKS	YSTEMS	AND
Instruction: Read eanswer.	each question and check the appropriate box to	indicate y	our
Can I?		YES	NO
Plan and prepare fo	or maintenance and repair		
 Plan and prepared job requirement 	re maintenance and/or diagnosis of faults in line w ts*	rith	
	eck tools, equipment and testing devices for corr safety (hardware and software tools)	ect	
	neck materials necessary to complete the work ith established procedures and check against		
Follow OHS po	licies and procedures		
	er systems and networks for maintenance agains er instructions and specifications*	st	
Maintain computer	systems and networks		
 Use appropriate procedures 	e personal protective equipment in line with standa	ırd	
 Check normal f manufacturer's 	function of computer systems and networks based instructions	on	
 Perform schemanufacturer's 	-1	vith	
 Perform nece established pro 		vith	
 Respond to un established pro 	planned events or conditions in accordance with ocedures	1	
Diagnose faults of	computer systems and networks		
	s or problems in the computer systems and networl quirements and in line with the standard procedure		
 Manage and in established pro 	mplement contingency measures in accordance wocedures	vith	
Rectify/correct defe	ects in computer systems and networks		
	rect defective components or parts without damage genvironment or services*	e to	
	ents, if necessary in accordance with established	b	

Inspect and test the c	omputer systems and networks					
	work site of all debris to ecompany procedures	ensure safety in				
Follow 5S and 4R						
Undertake final in the device conform						
 Check and test of operation* 						
Prepare and comp	olete reports according to compan	y requirements*	*			
agree to undertake assessment in the knowledge that information gathered will or be used for professional development purposes and can only be accessed concerned assessment personnel and my manager/supervisor.						
Candidate'	's Name & Signature:	Date	:			
NOTE: * Critical Aspe	cts of Competency					
Evaluated by:						
		□ Qualified f Assessme				
Date:	AC Manager	□ Not yet Qu Assessme		for		
		II				