

FIELD PRACTICE LOG BOOK: MOSQUITO



TRAINEE'S NAME:			COMPANY NAME:					
TRAINEE'S JOB TITLE:			TRAINER'S NAME:					
UNIT OF COMPETENCE: Treat Mosquito Infestation			TRAINER'S JOB TITLE:					
DEPARTMENT:			TELEPHONE:					
S/N	MAIN TASKS	TRAINING DATE	TRAINING TIME		TOTAL HOURS	Performance Rating	SIGNATURE	
			From	To			Trainee	Supervisor
1	Prepare work activities				1			
2	Inspect premises & plan action to be taken				1.5			
3	Carry out treatment				3			
4	Reinstate work area				1			
5	Return to store				0.5			
					OVERALL:	7		
PREPARED BY:			APPROVED FOR SEI ASSESSMENT BY CEO:					
DESIGNATION:		SIGNATURE:		DESIGNATION:			SIGNATURE:	
TELEPHONE:		DATE:		TELEPHONE:			DATE:	

* Performance Rating (PR): A - Very Good; B - Good; C - Satisfactory; D - Inadequate.