



# HERS Portfolio

## Oral Questions for on Site Assessment

|                                       |  |
|---------------------------------------|--|
| <b>Employee Name:</b>                 |  |
| <b>Date &amp; Time of Assessment:</b> |  |

|                                |              |
|--------------------------------|--------------|
| <b>Location:</b>               | <b>Task:</b> |
|                                |              |
| <b>Competency Element No.:</b> |              |

|    | <b>Oral Question</b> | <b>Response and Comments</b> |
|----|----------------------|------------------------------|
| 1. |                      |                              |
| 2. |                      |                              |
| 3. |                      |                              |
| 4. |                      |                              |

|                                   |  |                   |  |
|-----------------------------------|--|-------------------|--|
| <b>Qualified Supervisor Name:</b> |  |                   |  |
| <b>Signature:</b>                 |  | <b>QS Number:</b> |  |