Work Evidence Report — Bricklaying

Name	**MA N0**
Employer	**Start Year**
Site Location	**Visit Date**
SQA N0.	**Review Year**

Work Evidence Report Completed in 3rd and 4th Years

		Yes	No
Confirm Work Activities and Resources for the work	Records for:		
	Tools, materials, components		
	Project activities		
	External Factors		
	Alterations		
	Inform management of changes		
Develop and Maintain Good working	Records of:		
	Information about work activities		
	Time Scales		
	Health & Safety Requirement		
	Method of Work		
	Co-ordination of work procedures		
	Notes on agreed activities		
Confirm the Occupational Method of work	Records of:		
	Risk Assessments		
	Programme of work		
	Methods to meet Health & Safety		
	Project criteria		

Additional Comments or Observation

Work Evidence Report

Conform to General work Place safety	**yes**	**no**
Hazards-reported/recorded		
PPE used to legislation		
Adherence to notice/sign		
Security of the workplace		
Erect Masonry Structures	**yes**	**no**
Using drawings & specifications		
Storage of tools and equipment		
Protection of the work/disposal of waste		
Cavity walls Blockwork structures Solid Wall Structures Door/Window openings Joint Finishes		
Set out Masonry Structures	**yes**	**no**
Regular shaped brick and block and/ or Vernacular style structures on level ground		
Set out Complex Masonry Structures	**yes**	**no**
Regular/irregular shaped brick or vernacular style structures (level ground) Brick and Block or vernacular style structures with curved /splayed angled walls		
Erect Complex Masonry Structures in brick/block or local materials	**yes**	**no**
Walls with flush & projecting features Form joint finishes		
Erect Masonry Cladding in brick/block or local material to one or more of:	**yes**	**no**
Pre-erected timber frame structures Pre-erected concrete structures Pre-erected Steel Structures Formation of door/window Openings and joint finishes for one of the above		

Declaration of Review in 1st, 2nd, 3rd, 4th Year (Please tick box)
The Declaration is required to be signed by Employer, Agency, Candidate

	Name	Signature	Date
Employer			
Agency			
Candidate			
EV			

A copy of this Report is to be sent to the candidates Assessment Centre, Managing Agency and Employer.