

Unit PPL1PRD4 (HL1D 04) Prepare Meals for Distribution

I confirm that the evidence detailed in this unit is my own work.

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| **Candidate’s name** |  | **Candidate’s signature** |  | **Date** |
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I confirm that the candidate has achieved all the requirements of this unit.

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| **Assessor’s name** |  | **Assessor’s signature** |  | **Date** |
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| **Countersigning — Assessor’s name**  **(if applicable)** |  | **Countersigning — Assessor’s signature**  **(if applicable)** |  | **Date** |
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I confirm that the candidate’s sampled work meets the standards specified for this unit and may be presented for external verification.

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| **Internal verifier’s name** |  | **Internal verifier’s signature** |  | **Date** |
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| **Countersigning — Internal verifier’s name**  **(if applicable)** |  | **Countersigning — Internal verifier’s signature**  **(if applicable)** |  | **Date** |
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| **External Verifier’s initials and date (if sampled)** |  |

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| **Unit overview** |
| This unit is about how you prepare meals for distribution. It covers how you would safely prepare and portion the finished dish, appropriate presentation, protection, labelling and safe transportation of food to the desired destination. |

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| **Sufficiency of evidence** |
| There must be sufficient evidence to ensure that the candidate can consistently achieve the required standard over a period of time in the workplace or approved realistic working environment. |

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| **Performance criteria** |
| **What you must do:** |
| There must be evidence for **all** Performance Criteria (PC). The assessor **must** assess PCs 1–7 by directly observing the candidate’s work. |
| **1 Ensure that the food service equipment is clean, appropriate for the task, undamaged, where it should be and switched on ready for use at the correct temperature**  **2 Check the required quantity and range of food required against the order information provided**  **3 Portion food using approved methods to meet order requirements and the nutritional requirements of individuals**  **4 Cover food using appropriate materials and in a manner that maintains the quality and safety of the food**  **5 Label food items according to your workplace procedures, highlighting items that are designated for patients with special dietary / allergy requirements**  **6 Load the trolleys and food containers in a manner which ensures that the quality and safety of the food is protected**  **7 Transport the food in a manner which ensures that the presentation standards of the food are met in line with your customer, legal and workplace requirements** |

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| **Evidence reference** | **Evidence description** | **Date** | **Performance criteria** | | | | | | |
| **What you must do** | | | | | | |
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| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
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| **Knowledge and understanding** | | **Evidence reference**  **and date** |
| **What you must know and understand** | |
| For those knowledge statements that relate to **how** the candidate should do something, the assessor may be able to infer that the candidate has the necessary knowledge from observing their performance or checking products of their work. In **all** other cases, evidence of the candidate’s knowledge and understanding must be gathered by alternative methods of assessment (eg oral or written questioning). | |
| 1 | Safe and hygienic working practices when preparing, portioning and distributing meals |  |
| 2 | How to check that the meals meet your workplace requirements and are fit for use, of the correct quality and quantity |  |
| 3 | Why and to whom you should report any problems with the meals |  |
| 4 | How to present meals in a way that meets your customers’ high expectations and your workplace standards |  |
| 5 | The correct systems for safe labelling, storage, transportation and distribution of meals and why these are important |  |
| 6 | Your workplace procedures for identifying ward and patient needs |  |
| 7 | The types of unexpected situations that may occur when preparing meals for distribution and how to deal with them |  |

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# Supplementary evidence

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| **Evidence** | | **Date** |
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| **Assessor feedback on completion of the unit** |
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