

REFERENCE NUMBER:	ATS			0	4	5	6				0	0	0		
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to be filled-out by the Processing Officer

SELF-ASSESSMENT GUIDE

Qualification:	AUTOMOTIVE SERVICING NC II		
COC 1 Title:	SERVICE AUTOMOTIVE ELECTRICAL COMPONENTS		
Unit of Competency Covered:	<ul style="list-style-type: none"> • Service Automotive Battery • Service Ignition System • Test and Repair Wiring / Lighting System • Service Starting System • Service Charging System 		
Instruction: <ul style="list-style-type: none"> • Read each of the questions in the left-hand column of the chart. • Place a check in the appropriate box opposite each question to indicate your answer. 			
Can I?	YES	NO	
• Service automotive battery *			
• Service ignition system *			
• Test and repair wiring/lighting system *			
• Service starting system *			
• Service charging system *			
<p>I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.</p>			
Candidate's signature:		Date:	

Evaluated by: <p style="text-align: center;"><u>ANNA LIZZA C. DECENA</u> AC Manager</p> Date:	<input type="checkbox"/> Qualified for Assessment <input type="checkbox"/> Not Yet Qualified for Assessment
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SELF-ASSESSMENT GUIDE

Qualification:	AUTOMOTIVE SERVICING NC II		
COC 2 Title:	SERVICE ENGINE MECHANICAL SYSTEMS		
Unit of Competency Covered:	<ul style="list-style-type: none"> • Service Cooling system • Service Lubricating system • Service Fuel system • Service Diesel fuel Injector 		
<p>Instruction:</p> <ul style="list-style-type: none"> • Read each of the questions in the left-hand column of the chart. • Place a check in the appropriate box opposite each question to indicate your answer. 			
Can I?	YES	NO	
• Service cooling system*			
• Service lubricating system*			
• Service fuel system*			
• Service diesel fuel injector*			
<p>I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.</p>			
Candidate's signature:		Date:	

Evaluated by: <p style="text-align: center;"><u>ANNA LIZZA C. DECENA</u> AC Manager</p> Date:	<input type="checkbox"/> Qualified for Assessment <input type="checkbox"/> Not Yet Qualified for Assessment
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SELF-ASSESSMENT GUIDE

Qualification:	AUTOMOTIVE SERVICING NC II		
COC 3 Title:	SERVICE UNDERCHASSIS COMPONENTS		
Unit of Competency Covered:	<ul style="list-style-type: none"> • Perform Under chassis Preventive Maintenance • Service Steering System • Service Brake System • Service Suspension System 		
Instruction:	<ul style="list-style-type: none"> • Read each of the questions in the left-hand column of the chart. • Place a check in the appropriate box opposite each question to indicate your answer. 		
Can I?	YES	NO	
• Perform under chassis preventive maintenance*			
• Services steering system*			
• Service brake system*			
• Services suspension system*			
I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.			
Candidate's signature:	Date:		

Evaluated by: <p style="text-align: center;"><u>ANNA LIZZA C. DECENA</u> AC Manager</p> Date:	<input type="checkbox"/> Qualified for Assessment <input type="checkbox"/> Not Yet Qualified for Assessment
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to be filled-out by the Processing Officer

SELF-ASSESSMENT GUIDE

Qualification:	AUTOMOTIVE SERVICING NC II		
COC 4 Title:	SERVICE POWER TRAIN COMPONENTS		
Unit/s of Competency Covered:	<ul style="list-style-type: none"> • Service Clutch System • Service Differential and Front Axle • Overhaul Manual Transmission 		
Instruction: <ul style="list-style-type: none"> • Read each of the questions in the left-hand column of the chart. • Place a check in the appropriate box opposite each question to indicate your answer. 			
Can I?	YES	NO	
• Service clutch system*			
• Service differential and front axle*			
• Overhaul manual transmission*			
I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.			
Candidate's signature:		Date:	

Evaluated by: <p style="text-align: center;"><u>ANNA LIZZA C. DECENA</u> AC Manager</p> Date:	<input type="checkbox"/> Qualified for Assessment <input type="checkbox"/> Not Yet Qualified for Assessment
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