



# **Log Book**

**for**

## **On-the-Job Training (OJT)**

**COVID Frontline Worker (Medical Equipment Support)**

**HSS/Q5604 (v1.0)**



## **Log Book for On-the-Job Training (OJT)**

**COVID Frontline Worker (Medical Equipment Support)**

**HSS/Q5604 (v1.0)**

**Name of the Candidate**

**Name of Healthcare Organization (HCO)**

**Period of Training (in no. of working days)**

**From (Date)**

**To (Date)**

Candidate's Signature:

Training Centre Coordinator's Signature:



## **Definitions**

**Training Centre Coordinator:** The person who may be trainer or administrative personnel from training centre who would be coordinating with healthcare organization for on-job training of candidate.

**Head/Supervisor of Healthcare Organization:** A Senior Management personnel of healthcare organization, preferably Medical Superintendent or medical director or Department head.

**Duty Department:** Department of Healthcare Organization where the candidate's duty is being allocated.

**Mentor of Duty Department:** The technical official of the duty Department under whom the candidate has been allocated for mentorship. The official preferably having 3 years of experience in the technical field.

**Supervisor of Duty Department:** A senior personnel from the duty department preferably department head/in-charge.

Candidate's Signature:

Training Centre Coordinator's Signature:



**Details**

**Candidate Details:**

Name of the Candidate: \_\_\_\_\_ Father's/Guardian's Name: \_\_\_\_\_

Candidate Enrolment No. (SIP/Aadhaar Last No.) \_\_\_\_\_

**Training Centre Coordinator Details:**

Name, Designation & Contact Details of Training Centre Coordinator: \_\_\_\_\_

Name & Address of Training Centre: \_\_\_\_\_

Signature of Training Centre Coordinator: \_\_\_\_\_

**Head/Supervisor of HCO (Healthcare Organization where OJT is undertaken) Details:**

Name, Designation & Contact Details of Head/Supervisor at HCO: \_\_\_\_\_

Name & Address of Healthcare Organization: \_\_\_\_\_

Signature and seal of Head/Supervisor at HCO: \_\_\_\_\_

Candidate's Signature:

Training Centre Coordinator's Signature:



### **Guidelines for filling the Log Book**

**Objective:** To capture the learning experience of candidates, the activities performed by the candidates in different departments of HCO to meet overall outcomes and performances outlined in QP-NOS/Curriculum.

#### **How to fill:**

*There are 6 Sections:*

*Daily entries to be made in the log book and signed by candidate and supervisor/mentor/training coordinator.*

**Section 1: Attendance/Duty Tracker:** All columns to be filled by candidate except Supervisor's Remarks

**Section 2: Daily Tracker:** All columns to be filled by candidate except Supervisor's Comments on Candidate performance, Rating on Scale 0-5, and Supervisor's Sign.

There may be multiple Departments in which candidate has worked for particular element of particular NOS. However, the mentioned columns to be filled by the supervisor of Duty Department with whom he has maximally worked for the particular element in consultation of mentors of all duty departments with whom candidate has worked for particular element of particular NOS.

**Section 3: Score Matrix:** All columns to be filled by Head/Supervisor of Healthcare Organization (HCO).

**Section 4: Snapshots of OJT:** Candidate needs to paste the photos, preferably while working in each department/each NOS.

**Section 5: Overall Comments/Observations:** Sections to be filled by Candidate and Head/Supervisor of Healthcare Organization (HCO).

**Section 6: Summary of OJT:** Sections to be filled by Candidate, Training Centre Coordinator and Head/Supervisor of Healthcare Organization (HCO).

Candidate's Signature:

Training Centre Coordinator's Signature:



# Section 1

Candidate's Signature:

Training Centre Coordinator's Signature:



**Attendance/Duty Tracker**

**Name of the Candidate:** \_\_\_\_\_

**Name of Job Role:** COVID Frontline Worker (Medical Equipment Support)      **QP Code of Job Role:** HSS/Q5604 (v1.0)

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Candidate's Signature:

Training Centre Coordinator's Signature:



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**Name of the Candidate:** \_\_\_\_\_

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Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

Candidate's Signature:

Training Centre Coordinator's Signature:





**Attendance/Duty Tracker**

**Name of the Candidate:** \_\_\_\_\_

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Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				

Candidate's Signature:

Training Centre Coordinator's Signature:



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Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
58.				
59.				
60.				

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<b>Day</b>	<b>Duty Department</b>	<b>Date</b>	<b>Candidate Signature</b>	<b>Mentor/Supervisor's Sign</b>
61.				
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				
74.				
75.				

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Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
76.				
77.				
78.				
79.				
80.				
81.				
82.				
83.				
84.				
85.				
86.				
87.				
88.				
89.				
90.				

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Training Centre Coordinator's Signature:



# Section 2

Candidate's Signature:

Training Centre Coordinator's Signature:



### **Daily Tracker**

(Separate sheet to be used each day)

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**Day & Date:** \_\_\_\_\_ **Course:** COVID Frontline Worker (Medical Equipment Support)

**Today's activity aligned to NOS (National Occupational Standards) title:** \_\_\_\_\_

<b>Name of Duty Department/s visited and their Mentor/s:</b>	
<b>List of Activities performed:</b>	
<b>Number of cases observed:</b>	
<b>Name of Equipment used:</b>	
<b>Candidate's Observation/ Learning:</b>	
<b>Supervisor's Name and Designation (who is rating this element):</b>	
<b>Supervisor's Comments on Candidate's performance:</b>	
<b>*Rating on Scale 0-5:</b>	<b>Supervisor's Signature:</b>

**\*Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)**

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Name of the Candidate (Candidate ID): \_\_\_\_\_

Day & Date: \_\_\_\_\_ Course: COVID Frontline Worker (Medical Equipment Support)

Today's activity aligned to NOS (National Occupational Standards) title: \_\_\_\_\_

Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:

\*Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)

Candidate's Signature:

Training Centre Coordinator's Signature:



### **Daily Tracker**

(Separate sheet to be used each day)

**Name of the Candidate (Candidate ID):** \_\_\_\_\_

**Day & Date:** \_\_\_\_\_ **Course:** COVID Frontline Worker (Medical Equipment Support)

**Today's activity aligned to NOS (National Occupational Standards) title:** \_\_\_\_\_

<b>Name of Duty Department/s visited and their Mentor/s:</b>	
<b>List of Activities performed:</b>	
<b>Number of cases observed:</b>	
<b>Name of Equipment used:</b>	
<b>Candidate's Observation/ Learning:</b>	
<b>Supervisor's Name and Designation (who is rating this element):</b>	
<b>Supervisor's Comments on Candidate's performance:</b>	
<b>*Rating on Scale 0-5:</b>	<b>Supervisor's Signature:</b>

**\*Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)**

Candidate's Signature:

Training Centre Coordinator's Signature:



# Section 3

Candidate's Signature:

Training Centre Coordinator's Signature:



Name of the Candidate: \_\_\_\_\_

Name of Job Role: COVID Frontline Worker (Medical Equipment Support)      QP Code of Job Role: HSS/Q5604 (v1.0)

Name & Contact Details of Head/Supervisor at HCO: \_\_\_\_\_

NOS Title & Code	Maximum OJT Marks Allotted	*Average Rating on Scale 0-5 by Supervisor	Marks obtained	Signature of Head/ Supervisor of HCO	Remarks of Head/ Supervisor of HCO
HSS/N9622: Follow Sanitization and Infection Control Guidelines	2				
HSS/N5607: Understanding the working of basic equipment	40				
HSS/N5608: Calibration and maintenance of basic equipment	20				
<b>Grand Total</b>	<b>Maximum OJT Marks Allotted</b>		<b>Marks obtained</b>	<b>Signature of Head/ Supervisor of HCO</b>	<b>Remarks of Head/ Supervisor of HCO</b>
	62				

\*Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)

Candidate's Signature:

Training Centre Coordinator's Signature:





# Section 4

Candidate's Signature:

Training Centre Coordinator's Signature:



**Snapshots during OJT**

A large, empty rectangular box with a black border, intended for capturing snapshots or observations during On-the-Job Training (OJT).

Candidate's Signature:

Training Centre Coordinator's Signature:



**Snapshots during OJT**

A large, empty rectangular box with a black border, intended for the candidate to provide snapshots during their On-the-Job Training (OJT).

Candidate's Signature:

Training Centre Coordinator's Signature:



**Snapshots during OJT**

Candidate's Signature:

Training Centre Coordinator's Signature:



**Snapshots during OJT**

Candidate's Signature:

Training Centre Coordinator's Signature:



# Section 5

Candidate's Signature:

Training Centre Coordinator's Signature:



**Overall Learning Notes from Candidate**

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**Overall Comments/Observation from Head/Supervisor of HCO**

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Candidate's Signature:

Training Centre Coordinator's Signature:



# Section 6

Candidate's Signature:

Training Centre Coordinator's Signature:





**Name of the Candidate:** \_\_\_\_\_

**Name of Job Role:** COVID Frontline Worker (Medical Equipment Support)      **QP Code of Job Role:** HSS/Q5604 (v1.0)

**Name & Address of Training Centre:** \_\_\_\_\_

**Name & Address of Healthcare Organization (HCO) where OJT had taken place:** \_\_\_\_\_

**Total Marks Obtained for OJT:** \_\_\_\_\_

**Signature of Candidate:** \_\_\_\_\_

**Signature of Head/Supervisor of Healthcare Organization:** \_\_\_\_\_

**Signature of Training Centre Coordinator:** \_\_\_\_\_

**Signature of External Assessor (during Summative Assessment):** \_\_\_\_\_

**Remarks of External Assessor:** \_\_\_\_\_

*Note: The OJT marks may/may not be reflected on final mark sheet separately.*

Candidate's Signature:

Training Centre Coordinator's Signature: