

FINAL QUALIFICATION

NAVEDTRA 43239-A (CH-1)

309 SERVICES SUPERVISOR

NAME _____ RATE/RANK _____

This page is to be used as a record of satisfactory completion of designated sections of the Personnel Qualification Standard (PQS). Only specified supervisors may signify completion of applicable sections either by written or oral examination, or by observation of performance. The examination or checkout need not cover every item; however, a sufficient number should be covered to demonstrate the examinee's knowledge. Should supervisors *give away* their signatures, unnecessary difficulties can be expected in future routine operations.

A copy of this completed page shall be kept in the individual's training jacket.

The trainee has completed all PQS requirements for this watchstation. Recommend designation as a qualified SERVICES SUPERVISOR (NAVEDTRA 43239-A (CH-1)).

RECOMMENDED _____ DATE _____
Supervisor

RECOMMENDED _____ DATE _____
Division Officer

RECOMMENDED _____ DATE _____
Department Head

QUALIFIED _____ DATE _____
Commanding Officer or Designated Representative

SERVICE RECORD ENTRY _____ DATE _____

309 SERVICES SUPERVISOR (MASTER)

Estimated completion time: 3 Months

NOTE: THE FOLLOWING WATCHSTATIONS, REGARDLESS OF QUALIFICATIONS ACHIEVED IN PREVIOUS VERSIONS, SHALL BE COMPLETED: NONE

309.1 PREREQUISITES

FOR OPTIMUM TRAINING EFFECTIVENESS, THE FOLLOWING ITEMS SHOULD BE COMPLETED PRIOR TO STARTING YOUR ASSIGNED TASKS BUT SHALL BE COMPLETED PRIOR TO FINAL WATCHSTATION QUALIFICATION.

309.1.1 SCHOOLS: NONE

OTHER QUALIFICATIONS:

.2 WATCHSTATIONS FROM THIS PQS:

301 Laundry Operator

Completed _____
(Qualifier and Date)

302 Shipboard Barber

Completed _____
(Qualifier and Date)

308 Laundry Supervisor

Completed _____
(Qualifier and Date)

.3 FUNDAMENTALS FROM THIS PQS:

102 Laundry Fundamentals

Completed _____
(Qualifier and Date)

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103 Barber Fundamentals

Completed _____
(Qualifier and Date)

.4 SYSTEMS FROM THIS PQS: NONE

309.2 TASKS

For the tasks listed below:

- A. What are the steps of this procedure?
- B. What are the reasons for each step?
- C. What safety precautions must be observed?
- D. Satisfactorily perform this task.

Questions

- | | | |
|---------|---|---------|
| 309.2.1 | Observe issuance of Group IV keys prior to opening/closing | A B D |
| | _____
(Signature and Date) | |
| .2 | Ensure Group IV spaces hours of operation are adhered to | A B D |
| | _____
(Signature and Date) | |
| .3 | Ensure closure signs are prominently posted | A B D |
| | _____
(Signature and Date) | |
| .4 | Ensure sanitation and medical signs are posted on Group IV spaces | A B D |
| | _____
(Signature and Date) | |
| .5 | Verify annual physicals from medical for Group IV personnel are current and posted. | A B D |
| | _____
(Signature and Date) | |
| .6 | Verify Group IV operating equipment functionality | A B C D |
| | _____
(Signature and Date) | |

WATCHSTATION 309

309 SERVICES SUPERVISOR (MASTER)

Questions

309.2.7 Monitor Group IV logs for accuracy and completeness A B D

(Signature and Date)

.8 Make daily rounds of Group IV spaces A B D

(Signature and Date)

.9 Supervise customer service provided in Group IV spaces A B D

(Signature and Date)

.10 Inspect Group IV spaces for sanitation A B D

(Signature and Date)

.11 Inspect security of Group IV spaces A B C D

(Signature and Date)

.12 Check for securing for sea in Group IV spaces A B C D

(Signature and Date)

.13 Ensure safety procedures are being adhered to in Group IV spaces A B C D

(Signature and Date)

.14 Verify completion of CO's monthly report A B D

(Signature and Date)

COMPLETED .2 AREA COMPRISES 100% OF WATCHSTATION.

309.3 INFREQUENT TASKS – PERFORM LAUNDRY CLAIM

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309.4 ABNORMAL CONDITIONS – None to be discussed.

309.6 WATCHES – None.

309.7 EXAMINATIONS (OPTIONAL EXCEPT AS REQUIRED BY TYCOM/ISIC, ETC.)

309.7.1 EXAMINATIONS

Pass a written examination

(Signature and Date)

.2 EXAMINATIONS

Pass an oral examination board

(Signature and Date)