

2140 Hamilton Street REGINA SK S4P 2E3 Fax (306) 787-5105 ATCAssessment@gov.sk.ca

Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson			<u> </u>	PSE#			
Current Address		City		Postal Code	Phone Number		
Employer (Firm Name)				Name and Certificate Number of Supervising Journeyperson			
Address of Employer		City		Postal Code	Phone	e Number	
Slaughterer						Trade Time	
Period of Employment	(DD/MM/Y	YY) to _	(DD/MM/Y	<u>Y)</u>		Exposure In Hours	
Type of Work (Hour	s shown apply to	Apprentices, with 1.	5 times the hour	s applying to a Trades	person)		
Anti-mortem Procedu	ires:						
Receiving animals. (A mini	mum of 100 hours	is required in each we	ork activity to acl	nieve certification)			
Restraining animals. (A min	nimum of 100 hour	s is required in each	work activity to a	chieve certification)			
Stunning animals. (A minin	num of 100 hours is	s required in each wor	rk activity to achi	eve certification)			
Post-mortem Procedu	ires:						
Slaughtering/Bleeding of a (A minimum of 100 hours is red		k activity to achieve c	certification)				
Preparing carcasses. (A mir	nimum of 100 hours	s is required in each v	work activity to a	chieve certification)			
Cleaning Procedures:							
Evisceration. (A minimum o		ired in each work acti	vity to achieve co	ertification)			
Inspection of carcass and/o (A minimum of 100 hours is real		k activity to achieve c	certification)				
Washing of carcass. (A min	imum of 100 hours	s is required in each v	vork activity to ac	chieve certification)			
				Total	Hours		
I Certify The Above Hours A	e Accurate						
, The Leave House Hericaldia		Date (DD/MM	I/YY)	Apprentice/Tradesperson (signature)			
I Certify The Above Hours An	Employer Representative (signature)						
				Employer Representative (print name clearly)			
For Commission Use C Time Assessed:		pproved By:		Da	te:		
						(DD/MM/YY)	