

SELF ASSESSMENT GUIDE

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| Qualification: | OPHTHALMIC LENS SERVICES NC II | |
| Project: | PREPARE UV COATED/TINTED OPHTHALMIC LENS | |
| Units of Competency Covered: | <ul style="list-style-type: none"> • ANALYZE AND INTERPRET OPHTHALMIC LENS PRESCRIPTION • EDGE AND MOUNT OPHTHALMIC APPLIANCES • APPLY UV COAT/TINT TO OPHTHALMIC LENSES | |
| Instruction: a. Read each of the questions in the left-hand column of the chart. b. Place a check in the appropriate box opposite each question to indicate your answer. | | |
| Can I? | YES | NO |
| • Analyze and interpret ophthalmic lens prescription details | | |
| • Operate equipment | | |
| • Perform skills in edging and mounting | | |
| • Utilize computer technology | | |
| • Perform frame modifications | | |
| • Check quality of lens | | |
| • Apply work room practices | | |
| • Identify type of UV coat/tint | | |
| • Apply and check UV coat/tint | | |
| • Dispatch lens | | |
| • Perform basic mathematical operations | | |
| • Observe OHS, standard operating procedures and relevant industry standard | | |
| • Apply frame measurement systems including boxing and datum | | |
| • Identify scope of metal and plastic frame materials including heating, manipulation, adjusting, handling and repair | | |
| • Identify manual/automated edging machine including machine design, blocking/chucking systems, edging wheel characteristics and machine operation | | |

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| • Perform glazing techniques | | |
| • Identify impact resistant safety lenses | | |
| • Apply UV coat and tinted lens processes | | |
| • Identify standard nylon rims including the equipment | | |
| • Drills rimless frames including mounts and rimless types and equipment | | |
| • Calculate minimum size uncut (MSU) | | |
| • Transpose a prescription | | |
| • Perform special hand edging techniques | | |
| • Perform problem solving techniques reducing unwanted vertical and /or horizontal prism | | |
| • Rectify off-axis lenses | | |
| • Identify lens types and lens materials | | |
| • Identify process flows and production methodologies. | | |
| 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: | |
| Assessor's Signature: | Date: | |