

## Competence 1

**The ability to perform work activities in a safe manner, to legislative and company operating requirements**

*This meets the requirements of IMCA S/S20/000//01/1.1;1.2;1.3 & 2.1*

Candidate Name:		Date:	
Activity Number (1,2, or 3):			

**Performance Criteria:** all of these must be assessed over a minimum of 3 work activities

**Type of Evidence:** Observation (O), Work Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not Applicable (N/A)

Performance Criteria		Type of Evidence
a)	Demonstrates knowledge and understanding of company health, safety, environment and quality procedures	
b)	Demonstrates the ability to adhere to offshore safety standards and maintain a safe working environment	
c)	Demonstrates the ability to follow company procedures	
d)	Demonstrates the ability to implement company non-conformance procedure for situations where procedures are not complied with	
e)	Demonstrates the ability to implement corrective actions according to the company quality management system	
f)	Demonstrates the ability to undertake risk assessment in the workplace	
g)	Demonstrates the ability to recognise hazards in the workplace	
h)	Demonstrates knowledge of how to react to safety critical situations and what immediate action can be taken to minimise/eliminate them	
i)	Demonstrates the ability to encourage safety awareness in junior colleagues	
j)	Demonstrates a responsibility for safety awareness of others in addition to self	
k)	Demonstrates the ability to recognise a potential or actual emergency situation and report it appropriately	

Witness name: (If applicable in assessment plan)		Date:	
Assessor name:		Date:	