## **Assistant Life Support Technician**



Candidate Name:



Date:

The ability to perform activities in a safe manner in accordance with legislative and operating company requirements *This meets the requirements of IMCA D08/000/01-06* 

| Activity Number (1,2, or 3):   |  |                  |
|--|--|------------------|
| Performance Criteria: all of these mus   | t 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) Has undertaken vessel induct  | ion and vessel/installation safety tour                                    |                  |
|  | orkplace and report them to their immediate Supervisor                     |                  |
|  | to safe systems of work including the correct use of PPE                   |                  |
| Complies with safety docume  | ntation and requirements relevant to life support activities, in particula | ar,              |
| the safe operation of saturation   | on chamber and associated equipment e.g. Medilocks                         |                  |
| e) Takes part in safety and proc   | edural drills and exercises  |                  |
|  | ekeeping' techniques during all activities                                 |                  |
|  | ess of risk assessment techniques and their application at the worksite    |                  |
| h) Can demonstrate a positive a control measures   | ttitude to the protection of the environment and understands all relevant  | ant              |
| i) Can demonstrate an adequat management system  | e awareness of industry safety legislation and the company safety          |                  |
| j) Can locate, interpret and util required for their role  | se the appropriate diving manual and safety manual information, as         |                  |
|  |  |                  |
| Witness name:<br>(If applicable in assessment plan)  | Date   | :                |
| Assessor name:   | Date   |                  |

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