

## Competence 3

The ability to operate decompression systems as used in air diving

*This meets the requirements of IMCA D05/000/04*

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)	Can demonstrate the correct operation of decompression equipment	
b)	Can report defects and assist technicians during the maintenance of decompression equipment	
c)	Can demonstrate the use of decompression and treatment tables	
d)	Can demonstrate the correct actions to be taken in the event of failure of decompression equipment	
e)	Can maintain suitable clear and precise records and logs associated with decompression	

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