Client Representative (Diving)





The ability to oversee project administration and health, safety, environment and quality arrangements This meets the requirements of IMCA C/C02/000/01 & 02

Candidate Name:		Date:	
Activity Number (1,2, or 3):			
	st be assessed over a minimum of 3 work activities		
Type of Evidence : Observation (O), W	/ork Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not	Applicable (N/A)
	Performance Criteria		Type of Evidence
1 3) 1	of the duties and responsibilities placed upon employers and emp	oloyees.	
Supplementary evidence: include any certificates of training gained in offshore legislation			
b) Demonstrates the ability to a and procedures	oversee project administration, including health and safety docum	entation	
Demonstrates the ability to o	oversee project administration, including quality documentation a	nd	
c) procedures			
d) Demonstrates the ability to d	oversee project administration, including environmental protection	n	
documentation and procedu			
-	use appropriate hazard identification, risk assessment and manage		
e) change techniques/procedure these fields	res. Supplementary evidence: include any certificates of training ga	ained in	
Demonstrates the ability to e	ensure that appropriate hazard identification, risk assessment and		
	niques/procedures are used, completing all necessary documenta		
g) Demonstrates the ability to e enforced	ensure that risk mitigation control measures/safe systems of work	, are	
h) Demonstrates competence t	o oversee and ensure safe, effective system mobilisation/demobil	isation	
i) Demonstrates the ability to p	present information to and conduct safety meetings		
1 1) 1	dentify and locate safety management related documentation and	t	
emergency procedures			
Witness name:		Data	
(If applicable in assessment plan)		Date:	
Assessor name:		D	

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Date: