Dive Superintendent



Witness name:

Assessor name:

(If applicable in assessment plan)



The ability to manage the Project Team during emergency situations

This meets the requiremen	s of IMCA	D01/000/05
---------------------------	-----------	------------

Can	didate Name:		Date:			
Acti	ivity Number (1,2, or 3):		!			
		pe assessed over a minimum of 3 work activities				
Туре	e of Evidence: Observation (O), Wor	k Product (P), Written (W), Questioning (Q), Not Covered (N/C) o	r Not Applicable (N/A)		
	Performance Criteria			Type of Evidence		
a)	, , , , , , , , , , , , , , , , , , , ,					
b)	b) Can demonstrate through drills and exercises the appropriate action during an emergency					
c)	c) Through drills and exercises, demonstrates appropriate leadership styles and communication skills required in emergency situations					
d)	d) Ensures the Dive Team, Project Team and 'others' understand their role in emergency situations					
e)	Can brief the team on the action be instigated e.g. loss of ROV, or	ns to be taken when emergency and contingency actions liver emergency	are required to			
f)		ncy drills and ensures operations, including subsea operat estallation requirements during such activities	ions, are co-			

© MTCS Ltd. 27/3/2019

Date:

Date: