## **Dive Superintendent**



Witness name:

Assessor name:

(If applicable in assessment plan)



The ability to manage and co-ordinate mobilisation and de-mobilisation activities

This meets the re	quirements of IMCA	D01/000/08

Candidate Name:		Date:	
Activity Number (1,2, or 3):			
	ist be assessed over a minimum of 3 work activities		
ype of Evidence: Observation (O), W	Vork Product (P), Written (W), Questioning (Q), Not Covered (N/C)	or Not Applicable	(N/A)
	Performance Criteria		Type of Evidence
a) If required, carries out pre-n for the project	nobilisation site visits and updates management on specific	requirements	
b) Reviews and understands madrawings	obilisation/de-mobilisation plans, risk assessments, docume	ents and	
C) I -	rmined within the mobilisation/de-mobilisation plan and in arties, in decision-making processes for these activities	volves	
d) Ensures documentation requirements of correctly raised, issued, com	uired for the transportation of equipment including shipping municated and filed	g manifests, is	
	of transportation and accommodation for Project Team, wh		
f) Ensures all safety, security a personnel	nd mobilisation procedures and requirements are commun	icated to all	
g) Can effectively liaise with po activities	ort authorities and other third party personnel involved in m	nobilisation	
h) Completes all reports on mo requirements	bilisation/de- mobilisation activities in accordance with con	mpany	

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Date:

Date: