

Competence 1

The ability to perform activities in a safe manner in accordance with legislative and operating company requirements
 This meets the requirements of IMCA C003/D/D 12/000/01/01

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| 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) | Holds valid training and medical certificates for the role of Dive Technician (Electrical) for the region of work | |
| b) | Has undertaken company/vessel/installation induction and vessel/installation safety tour | |
| c) | Can identify hazards in the workplace and can record, report and take action to reduce the risks | |
| d) | Demonstrates adherence to safe systems of work including the correct use of PPE and potential impact on all personnel (particularly those under pressure) | |
| e) | Understands and complies with safety documentation relevant to Working at Height, COSHH, low and high voltage systems, and associated Permit to Work and isolation systems | |
| f) | Actively participates in safety and procedural drills and exercises | |
| g) | Demonstrates good 'housekeeping' and a good standard of personal tidiness and hygiene | |
| h) | Demonstrates the ability to complete safety documentation, such as: TRAs/TBTs/Permits to Work, checklists | |
| i) | Demonstrates a positive attitude to protection of the environment and understands all relevant control measures | |
| j) | Demonstrates an adequate understanding of the applicable industry safety legislation, guidance and the company safety management system | |
| k) | Understands precautions that must be taken to minimise slips, trips and falls | |
| l) | Maintain safe working conditions in changing weather conditions | |
| m) | Can locate, interpret and utilise the diving manual and safety manual, as required for their role | |

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