

Competence 4

The ability to fully understand the dive system chamber configuration and the ancillary equipment required to maintain the correct environment for a diver's wellbeing

This meets the requirements of IMCA C003/D/D 12/000/04/05/07

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)	Demonstrates the ability to conduct routine planned maintenance on systems, in accordance with company planned maintenance routines including: sanitary system, portable water system, internal fire fighting system and chamber regeneration systems (temp monitoring, humidity monitoring, CO2 monitoring, regeneration circuit and heating/cooling system)	
b)	Demonstrates the ability to conduct common fault finding routines on systems, including: sanitary system, portable water system, internal fire fighting system and chamber regeneration systems (temp monitoring, humidity monitoring, CO2 monitoring, regeneration circuit and heating/cooling system)	
c)	Demonstrates safe working practice when monitoring O2 levels within systems	
d)	Demonstrates the ability to conduct common fault finding and periodic testing of electrical distribution systems such as, lighting, emergency scrubbers, CCTV, communications systems and chamber entertainment systems	
e)	Demonstrates the ability to conduct periodic maintenance of electrical hull penetrations and has an understanding of system seals, O rings and glands, and recertification requirements	
f)	Demonstrates an understanding of pressurised systems and differential pressures within systems	
g)	Demonstrates the ability to re-calibrate temperature and humidity environmental sensors	
h)	Demonstrates the ability to read P and IDs, GAs, electrical diagrams and other system and equipment drawings	
i)	Fully understands and complies with applicable company certification and recording systems	
j)	Follows isolation requirements and potential impacts on other systems	

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