

## Competence 8

The ability to fully understand the dive system chamber configuration and the ancillary equipment required to maintain the correct environment for a divers well being

*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 the ability to identify and operate the gas distribution systems including gas lines, valve configuration and gas distribution panel	
d)	Demonstrates the correct operation of different types of valves relevant to the chamber system	
e)	Demonstrates safe working practice when working on O2 injection systems	
f)	Demonstrates the ability to maintain and operate medilocks and equipment locks, including all interlocks	
g)	Demonstrates the ability to maintain and operate system clamps and any interlocks	
h)	Demonstrates the ability to replace system door seals and glands and maintain seal faces	
i)	Demonstrates the ability to operate and maintain hydraulically assisted doors and equipment	
j)	Fully understands and complies with applicable company certification and recording systems	
k)	Can follow isolation requirements and potential impacts on other systems	

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