## **Dive Technician Supervisor**





The ability to understand and implement company management systems in the workplace

Candidate Name:		Date	te:	
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)	Can locate and ensure all ap is made available at the wor			
b)	Knows the company's key pr services and products to the	ery of		
c)	Reviews and evaluates existing systems and procedures and, where appropriate, submits potential improvements to management for validation and, if appropriate, approval			
Witness name: (If applicable in assessment plan)		Date	te:	
Assessor name:		Date	te:	
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