

Life Support Supervisor

Candidate Name:		Date:	
-----------------	--	-------	--

Activity Number (1,2, or 3):	
------------------------------	--

Assessment Plan	<i>Please provide a summary of the following information:</i>
------------------------	---

Work activity to be assessed	
------------------------------	--

Which performance criteria in the competence(s) do you intend to assess?	
--	--

What type of evidence will be assessed (Observation, Work Product, Questioning or other please specify)?	
--	--

What date or dates will the assessment take place?	
--	--

Where will the assessment take place (e.g. name of vessel, installation, system, workshop etc)?	
---	--

Particular assessment needs and name of any witness involved	
--	--

Witness name: (if applicable)	
-------------------------------	--

Assessor name:		Date:	
----------------	--	-------	--