## **Life Support Technician**



Witness name:

Assessor name:

(If applicable in assessment plan)



The ability to perform activities in a safe manner in accordance with legislative and operating company requirements *This meets the requirements of IMCA D07/000/01* 

b) Ca	Has undertaken vessel induction and vessel/installation safety	tour	
b)	Can identify hazards in the workplace and can record report a		1
c) De	can identify hazards in the workplace and can record, report a	nd take action to reduce the risk of harm	
-,	Demonstrates adherence to safe systems of work including the	e correct use of PPE	
4) I	Complies with safety documentation relevant to life support a of saturation chamber and associated equipment e.g. mediloc		
	Actively participates in safety and procedural drills and exercis	es	
	Demonstrates good 'housekeeping' techniques in all activities		
σ\ I	Demonstrates an ability to complete safety documentation, su checklists and sat logs	ch as: TRAs/TBTs/Permits to Work,	
h) I	Demonstrates a positive attitude to protection of the environn measures	nent and understands all relevant contro	
il I	Demonstrates an adequate understanding of the applicable industry safety legislation, guidance and the company safety management system		
j) Ca	Can locate, interpret and utilise the diving manual and safety r		

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Date:

Date: