

Competence 3

The ability to operate gas management systems and replenish gas supplies in a safe and reliable manner in accordance with company procedures

This meets the requirements of IMCA D07/000/03 & 06

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)	Can locate, record and use company documentation required for gas management, gas usage and replenishment activities	
b)	Can operate system pumps and compressors associated with gas management activities and understands the hazards and controls associated with pressurised gases and confined spaces	
c)	Can set up and operate Chamber Reclaim System (where available) associated with gas management activities	
d)	Can set up and operate a Gas Purification System associated with gas management activities	
e)	Can liaise with and assist Dive Technicians with planned maintenance requirements for saturation systems, within appropriate timescales	
f)	Can calibrate and use analysers in accordance with company and/or analyser specific procedures	
g)	Can calculate, interpret and understand analyser readings and, if necessary, correct the saturation system status based on the analysis	
h)	Can manage and safely and efficiently conduct internal/external chamber checks	
i)	Can identify gas requirements for current and future work scopes and maintain gas stock levels to suit, including the updating of records	
j)	Demonstrates the ability to operate saturation and gas management panels	
k)	Can conduct safe and efficient operation of the sanitary and bilge system	
l)	Can identify, compile and submit saturation equipment consumable and other stores requisition forms	
m)	Can identify all types of valves, fittings, hoses and other ancillary equipment used with/around the saturation and gas management systems	
n)	Keeps accurate records of all chamber operation activities	

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