

## Competence 7

The ability to safely operate and maintain a hyperbaric rescue vehicle

*This meets the requirements of IMCA D 10/000/04/05*

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 launch and recover HRV in line with company procedure/safe working practices	
b)	Demonstrates the ability to conduct HRV maintenance procedures in line with the planned maintenance system	
c)	Demonstrates ability to conduct fault finding activities on HRV electrical systems	
d)	Understands the requirement for, and can complete and maintain, all records for the above activities	

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