

Competence 6

The ability to fully understand bell launch and recovery systems and bell life support systems required to maintain the correct environment for a diver's wellbeing

This meets the requirements of IMCA C001/D/D 12/000/04/05/07

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 operate and maintain launch and recovery systems using appropriate procedures including pre-dive checks, post-dive checks, inter-lock systems and confirmation checks	
b)	Demonstrates the ability to conduct bell system maintenance procedures in line with the planned maintenance system	
c)	Demonstrates the ability to conduct common fault finding routines (mechanical) on main and excursion umbilical	
d)	Demonstrates the ability to conduct re-swaging of main and excursion hose ends and complete relevant testing, certification and re-termination	
e)	Demonstrates awareness of, and the ability to operate, bell and diver hot water systems, including: start up/shut down procedure, valve configurations, temperature adjustment, temperature monitoring, fault finding techniques and back-up systems	
f)	Demonstrates the ability to operate/maintain emergency bell release system, including: drop weight release (where applicable), umbilical cutter, main wire release/cutter, guide wire release/cutter and buoyancy test requirements (where applicable)	
g)	Demonstrates the ability to operate/maintain bell specific gas distribution systems including gas lines and valve configurations	
h)	Demonstrates the use of the bell gas management panel	
i)	Demonstrates the ability to overhaul and maintain the bell gas management panel	
j)	Demonstrates the ability to maintain the bell locator transponder including use, location and test procedure	
k)	Demonstrates awareness and understanding of regulatory and certification requirements regarding the need to complete a 12M and 6M load test programme	

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