

Competence 3

Demonstrate the ability to schedule advanced onshore laboratory testing

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)	Demonstrate the understanding of what parameters must be specified	
b)	Demonstrate an understanding of how the results will be used	
c)	Demonstrate an understanding of the test procedures	
d)	Demonstrate a knowledge of guidelines and standards related to advanced testing	

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