

Competence 6

Demonstrate an understanding of the QHSE System

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|------------------------------|--|-------|--|
| 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 where to go to find forms, procedures and report templates | |
| b) | Demonstrate the ability to follow QHSE protocol | |
| c) | Demonstrate the ability to encourage team members to follow QHSE | |
| d) | Demonstrate the ability to promote a good health and safety culture amongst the team members and third party personnel | |

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