Senior Inspection Engineer





The ability to maintain a safe work environment to legislative and company requirements			
Candidate Name:		Date:	
Activity Number (1,2, or 3):		1	
	ust be assessed over a minimum of 3 work activities		
Type of Evidence : Observation (O), V	Nork Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not Applicable	2 (N/A)
Performance Criteria			Type of Evidence
a) Ensure to read and understand the HSE reponsibilities			†
b) Follow procedures and work instructions			
c) Ensure all equipment is certified and properly maintained			1
d) Ensure to participate in HSE meetings, toolbox talks and pre start meetings			
e) Ensure to report non-compli			1
	ard Analysis plans and Permit to Work requirements		1
	s tidy and free of obstructions (Safe working environment	nt)	1
	on to auidt and inspection teams		
i) Assigned corrective actions, ensure these are closed within the required time frame			
Witness name: (If applicable in assessment plan)		Date:	
Assessor name:			
Assessor flame.		Date:	

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