## **Offshore Manager**



Assessor name:



Demonstrates the ability to manage activities in a safe manner in accordance with legislative and operating company requirements

This meets the requirements of IMCA Based on R/20/000/01/0, R/20/000/02

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
Ensures all documentation relating to Safety Management Systems is availabel to the project team and			
identifies sections that relate to specific circumstances			
b) Can lead safety briefings to Client and all Vessel Crew involved in subsea operations			
c) Ensures all risk assessments a the project	and control measures are suitable for the work being carried out	across	
d) Ensures Job Safety Analysis/Faccordance with compnaaty	Risk Assessment are effectively carried outfor all aspects of the prorequirements	oject in	
e) Manages the safety aspects of continued safety of the work	of work and the onsite related input from all offshore teams, to en	nsure the	
f) Ensures company safety and requirements	accident reporting procedures are conducted in accordance with	compnay	
g) Ensures key sections of Safet efficient manner	y Management Systems are used to address specific circumstance	es in an	
h) Ensures all legislation applicable to offshore operations, that is referred to in the Company documentation, is effectively implemented during operations			
i) Ensures Permit to Work Systems are fully complied with as required across all project teams in the offshore workplace			
j) Conducts the review of safety procedures, as required by the Operating Company, whilst gaining input form all relevant team members			
k) Ensures a positive attitude to the protection of the environment and understanding of all relevant control measures are in place across the offshore teams			
control measures are in place	e across the onshore teams		
Witness name: (If applicable in assessment plan)		Date:	

Date: