## **Offshore Manager**



Witness name:

Assessor name:

(If applicable in assessment plan)



Demonstrates the ability to implement and mange Company Quality Systems in the workplace

This meets the requirements of IMCA Based on R/20/000/04

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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)	Ensure all documentation relating to QA Procedures is made available at the worksite					
b)	Ensures the the key concepts of quality and how they relate to the delivery of services and products to the Client Company are apprecaited amongst offshore teams					
c)	Encourages all offshore team members to improve efficiency by broadening skill levels where appropriate					
d)	Ensures methods of measuring quality are understood and made available to all offshore teams					
e)	Ensures the key criteria that must be met within the Company QA System in the offshore workplace; e.g. ISO 9001are appreciated across all offshore project teams					
f)	Can evaluate procedures and suggest improvement that can be made to ensure the Company meets the requirements of the quality system					
g)	Encourages training, personi		sessment to take place at	the worksite		

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Date:

Date: