## **Offshore Administrator**





The ability to co-ordinate equipment tracking activities

Candidate Name:		Date:	
Activity Number (1,2, or 3):			
Performance Criteria: all of these m	ust be assessed over a minimum of 3 worl	k activities	
Type of Evidence: Observation (O),	Vork Product (P), Written (W), Questionir	ng (Q), Not Covered (N/C) or Not Applicable	(N/A)
Performance Criteria			Type of Evidence
a) Assists with the maintenan	e of certification systems		
b) Maintains the shipping reco	rds and manifests		
c) Maintains inventories for third party and company equipment			
d) Ensures the appropriate co	ntrol of materials and equipment is ur	ndertaken, including: requisitioning,	
goods received notes, distribution and manifesting			
Witness name:		Data	
(If applicable in assessment plan)		Date:	
Assessor name:		Data	
		Date:	1