

Competence 1

The ability to operate the company safety management system and co-ordinate the vessel crew and operations
This meets the requirements of IMCA M/A03/B01 to B08

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)	Can locate all documentation relating to safety management systems and identify sections that relate to specific circumstances	
b)	Understand and use Work Specific Operational Guidelines (WSOG) / Activity SOG as appropriate	
c)	Participates in safety briefings to client and vessel crew and others	
d)	Carries out risk assessment and develops control measures suitable for the work being carried out	
e)	Can carry out job safety analysis and identify the hazards involved in the activity	
f)	Manages the safety aspects of work and the onsite related input from others to ensure the continued safety of the work	
g)	Complies with company safety reporting, including accident reporting procedures	
h)	Can identify key sections of safety management systems to address specific circumstances in an efficient manner	
i)	Understands all legislation applicable to offshore operations that is referred to in the company documentation	
j)	Ensures Permit to Work systems are fully complied with as required	
k)	Participates in the review of safety procedures as required by the operating company	
l)	Demonstrates the ability to take charge of deck operations on the vessel (as appropriate)	
m)	Demonstrates the ability to take charge of the navigational watch on the vessel (in all modes of operation as appropriate)	
n)	Assessor - I have discussed the above performance criteria with the candidate and confirm that they have the underpinning knowledge to support their performance in these criteria	
o)	Candidate - write a short report (250 words max) on how you achieved these criteria over the 3 assessed work activities	

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