## **Chief Mate**

## **Competence 9**



## **Control the vessel during Well Servicing**

This meets the requirements of IMCA M/A02/B05 to B08

Candidate Name:		Date:	
Activity Number (1,2, or 3):		<b>!</b>	1
Performance Criteria: all of these mu	st be assessed over a minimum of 3 work a	activities	
<b>Type of Evidence</b> : Observation (O), V	ork Product (P), Written (W), Questioning	(Q), Not Covered (N/C) or Not Applicable	(N/A)
	Performance Criteria		Type of Evidence
a) Maintain control of the vess	el during well servicing operations		
b) 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			
c) Candidate - write a short report (250 words max) on how you achieved these criteria over the 3 assessed work activities			
Witness name:		Date:	
(If applicable in assessment plan)			
Assessor name:		Date:	

© MTCS Ltd. 28/3/2019