## **Chief Mate**



## **Competence 10**

## Control the vessel during ROV / Survey Operations

This meets the requirements of IMCA M/A02/B05 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)	Maintain control of the vessel during Survey & ROV operations	
b)	Maintain control of the vessel during failure of Survey & ROV systems	
c)	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	
(D)	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:	
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