

## Competence 9

### Operate & maintain equipment during Well Servicing

*This meets the requirements of IMCA M/A07/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)	Provide & maintain services and support 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: (If applicable in assessment plan)		Date:	
Assessor name:		Date:	