Shift Superintendent





The ability to co-ordinate the team during an emergency situation in the workplace

This meets the real	uirements of IMCA	R/R01/000/01/	/0, R/R01/000/02/02

Candidate Name:		Date:			
Activity Number (1,2, or 3):					
	st 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		
	elating to emergency procedures				
b) Can take appropriate action					
c) Can display appropriate style					
d) Ensures the team and 'other					
e) Can locate documentation of	h o				
f) Can brief team on the action instigated; e.g. loss of video,	be				
g) Actively participates in emer vessel/installation requirement	eet the				
Witness name: (If applicable in assessment plan)		Date:			
Assessor name:		Date:			

© MTCS Ltd. 29/3/2019