

## Competence 2

**Demonstrates the ability to co-ordinate emergency response activities**

*This meets the requirements of IMCA*

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 take appropriate action in the event of an emergency situation	
b)	Can produce concise reports on emergency situations	
c)	Can co-ordinate all Personnel directly and indirectly involved in emergency situations	

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