## **AUV Superintendent**

## **Competence 4**



Candidate Name:		Date:	
Activity Number (1,2, or 3):			
	ust be assessed over a minimum of 3 work activities	(2) (2)	(2.12)
ype of Evidence: Observation (O),	Vork Product (P), Written (W), Questioning (Q), Not Covered	(N/C) or Not Applicable	(N/A)
Performance Criteria			Type of Evidence
- /	ffective communication links with the Offshore Client		
b) Technical Support Team	ffective communication links with the Onshore Project		
c) spairs, repairs, system upda			
the contractual period	os are maintained with both Client and Company Mana		
e) recorded in line with Comp	-		
f) during the operational peri			
g)	on issued from the Company is made available to Perso		
personnel at the worksite	ormation issued from the Company is made available, v		
manner manner	lisations and demobilisations are conducted in a safe, $\epsilon$		
carried out	procedures' are effectively managed and appropriate		
k) Provides input to managem	ent for the preparation of management reports where	applicable	
Witness name:  If applicable in assessment plan)		Date:	
Assessor name:			

Date: