Assistant Workshop Technician





The ability to perform activities in a safe manner in accordance with legislative and operating company requirements *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)

		Type of Evidence
a) Can id	dentify hazards and participate in company induction course and workshop safety tour	
b) Can id	dentify hazards in the workplace and can record and report them to the appropriate authority	
c) Demo	onstrates safe systems of work in the workplace	
d) Demo	onstrates the correct use of PPE in the workplace	
Unde	erstands and complies with safety documentation relevant to COSHH, high voltage systems, fibre	
e) optics	ss and associated Permit to Work systems	
f) Unde	erstands precautions that must be taken to minimise slips, trips and falls	
g) Demo	onstrates good 'housekeeping' techniques during maintenance and operational activities	
h) Demo	onstrates an awareness of risk assessment techniques	
, Demo	onstrates a positive attitude to safety of the environment and understands all relevant control	
i) meas	sures	
j) Demo	onstrates an awareness of industry safety legislation	
k) Demo	onstrates an awareness of company safety management systems	

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