Assistant Workshop Technician





The ability to perform all the duties required during functional system checks

This meets the requirements of IMCA	This meets	the re	auirements	of IMCA	
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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)	a) Obtains information regarding functional checks for a reliable source	
b)	Can apply and remove electrical and hydraulic power from a vehicle in a safe manner	
c)	Can monitor and act on information and data collected during functional system checks	
d)	Can perform functional system checks as the pilot and deck officer in accordance with company requirements	
e)	Can operate auxiliary equipment in a safe manner	
f)	Consistently demonstrates safe and effective communication skills using hard-wired/radio/workshop communication equipment	
g)	Can operate and set up video recording system to record subsea activities as required by the client company	
h)	Can operate two or more items of auxiliary equipment during routine operations (e.g. manipulators. intervention tooling, cable tracking equipment; please specify in plan)	
i)	Consistently complies with safety legislation and IMCA guidelines at all times	

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