## **Equipment Superintendent**



Assessor name:



The ability to operate the company safety management system in the workplace

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This meets the requirements o	f IMCA This meets the requirements o	† IMCA R/01/000/01/01

Can	didate 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)	Locates all documentation re specific circumstances	elating to safety management systems and identifies sections that	relate to			
b)	Can lead safety briefings to o	lient and vessel crew as well as the team				
c) Carries out risk assessment and develops control measures suitable for the work being carried out						
d)		ysis and identify the hazards involved in the activity				
e)	Manages the safety aspects safety of the work	of work and the onsite related input from others to ensure the cor	itinued			
f)	Complies with company safe	ty reporting, including accident reporting procedures				
g)	Can identify key sections of sefficient manner	safety management systems to address specific circumstances in a	า			
h)	Understands all legislation a documentation	oplicable to offshore operations that is referred to in the company				
i)	Ensures Permit to Work syst	ems are fully complied with as required				
i)	Participates in the review of	safety procedures as required by the operating company				
	ness name: plicable in assessment plan)		Date:			
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Date: