## **Equipment Superintendent**





The ability to liaise with the client and shore based management personnel

This meets the requirements of	IMCA This meets the requirements of	f IMCΔ R/01/000/04/04
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Candidate Name:		Date:		
Activity Number (1,2, or 3):				
L	st 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) Establishes and maintains effective communication links with the offshore client				
b) Establishes and maintains effective communication links with the Onshore Project Team/manager				
c) Ensures positive relationship the contractual period				
d) Ensures all significant comm recorded in line with compa				
e) Complies with the correct priduring the operational period				
	n issued from the company is made available to personnel at the	worksite		
g) Ensures all management info	ormation issued from the company is made available, where neces	ssary, to		
<u> </u>				
Witness name:				
(If applicable in assessment plan)		Date:		
Assessor name:		Date:		
<u> </u>				

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