Equipment Superintendent





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This meets the requirements of IMCA This meets the requirements of IMCA R/01/000/04/04

Can	didate Name:			Date:						
Acti	Activity Number (1,2, or 3):									
	•	st be assessed over a minimum of 3 wo	rk 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)	Ensures all technical, operati	_								
b)	offshore team									
c)	c) Correctly interprets contractual arrangements for operational issues including 'downtime', 'waiting on weather', 'poor performance' and maintenance requirements									
d)	Correctly interprets contract offshore operation									
e)										
f)										
	ness name: plicable in assessment plan)			Date:						
-	essor name:			Date:						

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