## **Equipment Supervisor**

## **Competence 1**



## The ability to co-ordinate activities in a safe manner

This meets the requirements of IMCA This meets the requirements of IMCA R/RO2/000/01/01, 02/02, 03/03 and 05,05

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)		t to safety by setting an example on safety issues		
b)	system			
c)	Can complete safety documentation in accordance with company and legislative requirements e.g. incident reporting			
d)		in the event of an emergency situation		
e)	Can produce concise reports			
f)		I directly and indirectly involved in emergency situations		
g)	•	prior to carrying out night shift supervisory duties		
h)		ere necessary on operational matters		
i)	conditions	ership skills to colleagues during night shift and during bad weathe	er .	
j)		use of equipment and systems		
k)		weaknesses in colleagues and offer encouragement where necess		
l)		information, including currents and tides, from information avails and limitations of ROV/Plough systems	able	
\\/i++	ness name:	Т		
Witness name: (If applicable in assessment plan)			Date:	
Assessor name:			<u> </u>	

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Date: