

## Competence 1

**Demonstrates the ability to perform activities in a safe manner in accordance with legislative and operating company requirements**

*This meets the requirements of IMCA R/R20/000/01*

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)	Locates all documentation relating to Safety Management Systems and identifies sections that relate to specific circumstances	
b)	Can lead safety briefings to Client and Vessel Crew as well as the ROV Team	
c)	Carries out risk assessment and develops control measures suitable for the work being carried out	
d)	Can carry out Job Safety Analysis/Risk Assessment and identify the hazards involved in the activity	
e)	Manages the safety aspects of work and the onsite related input from others to ensure the continued safety of the work	
f)	Complies with company safety reporting, including accident reporting procedures	
g)	Can identify key sections of Safety Management Systems to address specific circumstances in an efficient manner	
h)	Understands all legislation applicable to offshore operations that is referred to in the Company documentation	
i)	Ensures Permit to Work Systems are fully complied with as required	
j)	Participates in the review of safety procedures as required by the Operating Company	
k)	Can demonstrate a positive attitude to the protection of the environment and understands all relevant control measures	

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