ROV Supervisor





Demonstrates the ability to manage the ROV Team during emergency situations

| This meets the | requirements o | f IMCA R | /01 | /000 | /02 | /02 |
|----------------|----------------|----------|-----|------|-----|-----|
| | | | | | | |

| 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 | | | | |
| <u> </u> | elating to emergency procedures | | | | | | |
| b) Can take appropriate action | | | | | | | |
| c) Can display appropriate style | | | | | | | |
| d) Ensures the ROV Team and o | | | | | | | |
| | ontaining information on contingency procedures tions that must be taken when system contingencies are required | l to be | | | | | |
| f) instigated; e.g. loss of video, | | | | | | | |
| g) Actively participates in emer vessel/installation requirement | gency drills and ensures subsea operations are coordinated to me | eet the | | | | | |
| | | | | | | | |
| Witness name: (If applicable in assessment plan) | | Date: | | | | | |
| Assessor name: | | Date: | | | | | |

© MTCS Ltd. 29/3/2019