## **ROV Supervisor**



Assessor name:



Demonstrates the ability to implement and mange Company Quality Systems in the workplace

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|------|---|----------|--------|-----------|--------|----------|----------|-----|-----------|---|-------|---|
| This | m | eets the | reaui. | rements o | of IMC | A R/01/0 | 00/04/04 |     |           |   |       |   |

|       |  |  |                                  | T              |       |  |
|-------|--|--|----------------------------------|----------------|-------|--|
| Cano  | didate Name:   |  |                                  | Date:          |       |  |
| Activ | vity Number (1,2, or 3):                               |  |                                  | •              |       |  |
| Perfo | rmance Criteria: all of these mu                       | st be assessed over a minimum of 3 wo  | rk activities                    |                |       |  |
| Туре  | of Evidence: Observation (O), W                        | ork Product (P), Written (W), Question   | ing (Q), Not Covered (N/C) or No | t Applicable ( | (N/A) |  |
|       |  |  | Type of Evidence                 |                |       |  |
| a)    | Ensures all documentation re                           |  |                                  |                |       |  |
| nı ı  | Appreciates the key concept the Client Company         |  |                                  |                |       |  |
| c)    | Encourages team members t                              |  |                                  |                |       |  |
| d)    | Ensures methods of measuri                             |  |                                  |                |       |  |
| ۱ ۵   | Appreciates the key criteria tworkplace; e.g. ISO 9001 | preciates the key criteria that must be met within the Company QA System in the offshore |                                  |                |       |  |
| ۲/    | Can evaluate procedures and                            | / meets  |                                  |                |       |  |
| f)    | the requirements of the qua                            | ity system   |                                  |                |       |  |
| g)    | Encourages training, person                            |  |                                  |                |       |  |
|       |  |  |                                  |                |       |  |
|       | ness name:   |  |                                  | Date:          |       |  |

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Date: