

## Competence 1

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

*This meets the requirements of IMCA R/R12/000/01*

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)	Demonstrates a commitment to safety by setting an example on safety issues	
b)	Can brief team on safety issues and pays particular attention to the company safety management system	
c)	Can complete safety documentation in accordance with company and legislative requirements e.g. incident reporting	

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