

## Competence 9

**Demonstrates the ability to install, maintain and calibrate auxiliary equipment used in ROV operations**

*This meets the requirements of IMCA R/RO2/000/04/04, R/RO2/000/07/07, R/RO2/000/08/08*

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)	Can locate and make documentation available to team members	
b)	Can allocate tasks and brief Technicians on the installation, operation, and maintenance of auxiliary equipment	
c)	Ensures equipment is correctly mounted in line with company/manufacturers guidelines and operational safety requirements	
d)	Can interface equipment to ROV power supply	
e)	Can interface equipment to ROV control system ensuring appropriate data links are made available and I/O channels allocated	
f)	Can interface equipment to ROV hydraulic system ensuring correct pressure and flow rates are available	
g)	Can calibrate auxiliary equipment in accordance with manufacturers guidelines	
h)	Can discuss work scopes with Clients, Supervisors and Technicians	
i)	Can suggest improvements/alterations to the work scope when installing and operating auxiliary equipment	
j)	Can instruct colleagues on the use of auxiliary equipment	
k)	Can store auxiliary equipment in a safe and secure manner in accordance with manufacturers recommendation	
l)	Up dates documentation and logs on completion of maintenance activities on auxiliary equipment	

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