

## Competence 4a

The ability to undertake all routine preventative maintenance activities that are required to be carried out on Tooling hydraulic and mechanical systems

*This meets the requirements of IMCA R/R13/000/05*

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 use all system hydraulic and mechanical drawings prior to carrying out maintenance activities	
b)	Demonstrates the ability to isolate tooling systems prior to discharging hydraulic systems	
c)	Can identify all hydraulic components on a typical tooling system	
d)	Can plan a sequence of operations for carrying out maintenance activities in a safe manner within required time scales	
e)	Can locate tools and safety equipment, including PPE prior to carrying out maintenance activities	
f)	Can inspect mechanical components on tooling systems to ensure integrity	
g)	Can drain the hydraulic system in line with safety and environmental requirements	
h)	Identifies correct storage requirements for old oil	
i)	Identifies correct oil for recharging the system	
j)	Can perform pressure settings and derive subsequent forces and torques from calibration certificates	
k)	Demonstrates the correct procedure for 'venting' the system during oil changes	
l)	Removes and replaces filters in line with system requirements	
m)	Recharges the system, paying particular attention to cleanliness and risks of contamination	
n)	Ensure that any problems in implementing maintenance activities are dealt with effectively	
o)	Replaces tools after maintenance activities have been completed	
p)	Completes documentation after maintenance activities including the reordering of spares and updating inventories	
q)	Test the tooling system after maintenance activities paying particular attention to safety requirements and health and safety legislation is adhered to at all times	

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