Workshop Manager





The ability to co-ordinate the workshop team during an emergency situation in the workplace *This meets the requirements of IMCA*

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 documentation relating to emergency procedures				
b) Can take appropriate action during an emergency procedure				
c) Can display appropriate styles of leadership during emergency situations				
d) Ensures the team and 'others' understand their role in emergency situations				
e) Can locate documentation containing information on contingency procedures				
Witness name: (If applicable in assessment plan	n)		Date:	
Assessor name:			Date:	

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