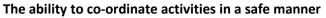
Workshop Technician

Competence 1



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)

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

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