Small Boat Deckhand - Able Seafarer



Competence 2

Demonstrates the ability to participate in emergency procedures as required on the vessel or installation where operations take place

This meets the requirements of IMCA M/A18/WO1 to W07/06

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: Performance Criteria Type of Evidence Type of E	Candidate Name:		Date:		
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 Performance Criteria Can Identify an emergency exits and participates in and conducts emergency drills/exercises Can Identify and Identify and Evidence of Canal Identified Identif	Activity Number (1,2, or 3):		- !	<u> </u>	
Performance Criteria a) Can demonstrate the procedures to be followed during an emergency b) Can locate all emergency exits and participates in and conducts emergency drills/exercises c) Follows instructions from the Master/other supervisor in a safe manner d) Can locate all amms and describe how they are activated in the event of an emergency emergency procedures f) Demonstrates an awareness of their role and that of other members of the vessel team during emergency procedures f) Demonstrate the ability to safely manoeuvre the vessel independently in an emergency g) Can safely operate fire-fighting and life-saving appliances f) Can safely operate fire-fighting and life-saving appliances f) Can safely deploy appropriate ship emergency equipment f) Can locate and utilise company documentation which is relevant to emergencies Assessor - I have discussed the above performance criteria with the candidate and confirm that they have the underpinning knowledge to support their performance in these criteria over the three assessed work activities Witness name: Witness name: Date: Witness name: Date:					
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