## **Small Boat Deckhand - Able Seafarer**



Witness name:

Assessor name:

(If applicable in assessment plan)



Can assist with the control of the vessel during personnel transfer

This meets the requirements of IMCA M/A18/WO1/03	
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Candidate Name:			Date:			
Acti	ivity Number (1,2, or 3):		<b>!</b>	<u> </u>		
	•	st be assessed over a minimum of 3 work activities				
Туре	e of Evidence: Observation (O), W	ork Product (P), Written (W), Questioning (Q), Not Covered (N	N/C) or Not Applicab	le (N/A)		
				Type of Evidence		
	Performance Criteria					
a)	Can assist in the transfer of personnel between vessel and installation/fixed asset or another vessel					
b)	Understands and can assist with the stowage and carriage requirements of passenger bags and personal equipment					
c)	Can track and record transport of personnel in accordance with site-specific procedures					
d)	d) Can recognise dangerous goods and understands the correct stowage and emergency procedures for					
e)						
f)						
g)		e above performance criteria with the candidate and co	onfirm that they			
6/		ledge to support their performance in these criteria				
h)	Candidate - write a short rep assessed work activities	ort (250 words max) on how you achieved these criteria	a over the three			

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Date:

Date: