

## Competence 10

**Can assist with the control of the vessel during vehicle-specific crane operations**

*This meets the requirements of IMCA M/A19/W05/03*

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)	Understands the crane operations manual	
b)	Understands company operating procedures for lifting and annual lifting appliance inspection	
c)	Understands the legislative and regulatory criteria appropriate to the crane, vessel and location of operation	
d)	Can operate and maintain crane as appropriate to role	
e)	Demonstrates hooking and slinging of required loads	
f)	Can assist with risk assessment for specific crane operations	
g)	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	
h)	Candidate - write a short report (250 words max) on how you achieved these criteria over the three assessed work activities	

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