

## Competence 1

The ability to operate the company safety management system in the workplace

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)	Holds valid training and offshore medical certificates for the role of Inspection Controller for the region of work	
b)	Has undertaken company/vessel/installation induction and vessel/installation safety tour	
c)	Demonstrates the ability to identify and locate safety management related documentation and emergency procedures	
d)	Demonstrates a correct interpretation of scope of work and specifications contained in contract documentation	
e)	Understands the requirement for, and can participate in, safety briefings with client, vessel crew, third parties and Project Team	
f)	Demonstrates the ability to use risk assessment reports and other documented information to enhance safe and efficient work	
g)	Demonstrates the ability to ensure that risk measures are enforced	
h)	Can recognise when situations are deviating from plan and can utilise the management of change process as required	
i)	Manages the safety aspects of work and the input from others to ensure the continued safety of the work	
j)	Complies with company safety reporting requirements, including Permit to Work, HAZOB, incident (UER) investigation and reporting procedures	
k)	Participates in the review of safety procedures as required by company, client and appropriate third parties	
l)	Ensures that all inspection personnel are competent to conduct the activities they are allocated	
m)	Ensures all inspection equipment is suitable and fit for purpose and, where necessary, has valid in date certification	
n)	Can demonstrate a positive attitude to the protection of the environment and understands all relevant control measures	
o)	Ensures good 'housekeeping' and a good standard of personal tidiness and hygiene are maintained	

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