Inspection Controller





Candidate Name:	Date:	
activity Number (1,2, or 3):		
Performance Criteria: all of these mu	st be assessed over a minimum of 3 work activities	
Type of Evidence : Observation (O), W	ork Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not Applica	ble (N/A)
Performance Criteria		Type of Evidence
a) Demonstrates the capability individual strength and weak	and training to undertake personnel assessments fairly, reflecting enesses	
b) Can conduct and participate competence management p	in pre-assessment meetings and feedback meetings as required by the rogramme	
c) Understands and actively sur	pports the assessment process, agreeing timescales for assessments with	١
d) Can co-ordinate, and chair w	here necessary, team briefs, risk assessments and 'tool box' talks when g Inspection scope	
	y and effectively with colleagues and clients	
· •	risks. Acts on and seeks guidance/advice where necessary	
g) Demonstrates effective lead	ership techniques in the workplace	
h) Ensures inspection infrastruc	ture is in place to accommodate inspection mobilisations	
 i) Ensure that inspection infras 	tructure is delivered to vessel on schedule and to budget	
	on remains on schedule during mobilisation	
k) Ensure inspection vessel read	JIIIess	
Vitness name:	Date	
Witness name: If applicable in assessment plan)	Date:	