Inspection Controller





The ability to understand and implement company management systems in the workplace			
Candidate Name:		Date:	
Activity Number (1,2, or 3):			
Performance Criteria: all of these mu	ust be assessed over a minimum of 3 work activities		
Type of Evidence : Observation (O), V	Vork Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not	Applicable	(N/A)
	Performance Criteria		Type of Evidence
a) Demonstrates the ability to documentation at the works	identify, locate and distribute company management related site		
Knows the company's key pr	rocesses and procedures and understands how they relate to the	delivery	
b) of services and products to t			
c) Demonstrates the ability to management documentatio	implement, administer and contribute to the development of comn n and procedures	ıpany	
	nentation of "Lessons Learned" upon end of project and revisists v	/hen	
Witness name:		Date:	
(If applicable in assessment plan)		Date.	
Assessor name:		Date:	

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