## **Inspection Controller**

## **Competence 1 Underpinning Knowledge Questions**



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

| Refe                               | er to the performance crite    | ria for this competence for guidance on th        | e subjects for qu | estions                   |  |
|------------------------------------|--------------------------------|---|-------------------|---------------------------|--|
| Can                                | didate Name:                   |   |                   | Date:                     |  |
| N.B,                               | The Assessor may ask the candi | late for oral or written responses to questioning |                   |                           |  |
| Underpinning Knowledge Questions   |                                |   |                   | Satisfactory<br>Response? |  |
| 1                                  |                                |   |                   |                           |  |
| 2                                  |                                |   |                   |                           |  |
| 3                                  |                                |   |                   |                           |  |
| 4                                  |                                |   |                   |                           |  |
| 5                                  |                                |   |                   |                           |  |
| 6                                  |                                |   |                   |                           |  |
| 7                                  |                                |   |                   |                           |  |
| 8                                  |                                |   |                   |                           |  |
| 9                                  |                                |   |                   |                           |  |
| 10                                 |                                |   |                   |                           |  |
| Fee                                | dback on answers               |   |                   |                           |  |
| received:                          |                                |   |                   |                           |  |
| Witness name:                      |                                |   |                   |                           |  |
| (If applicable in assessment plan) |                                |   |                   | Date:                     |  |
| Assessor name:                     |                                |   |                   | Date:                     |  |

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