

## ROV System Auditor

|                              |  |       |  |
|------------------------------|--|-------|--|
| Candidate Name:              |  | Date: |  |
| Activity Number (1,2, or 3): |  |       |  |

### Decision & Feedback (please use a separate document if more space is required)

|  |  |
|--|--|
| Has the candidate demonstrated competence in this activity? (yes/no) |  |
|--|--|

|   |  |
|---|--|
| Has the candidate now demonstrated competence in three activities? (yes/no) |  |
|---|--|

|   |  |
|---|--|
| Please specify the reasons for your decision: |  |
|---|--|

|  |  |
|--|--|
| Summary of further action for the candidate: |  |
|--|--|

|                      |  |
|----------------------|--|
| Candidates comments: |  |
|----------------------|--|

|                 |  |       |  |
|-----------------|--|-------|--|
| Candidate name: |  | Date: |  |
|-----------------|--|-------|--|

|                |  |       |  |
|----------------|--|-------|--|
| Assessor name: |  | Date: |  |
|----------------|--|-------|--|