ROV Tooling Technician Grade I





The ability to undertake routine fault-finding activities on Tooling hydraulic and mechanical systems This meets the requirements of IMCA R/R13/000/09

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
	n drawings prior to carrying out fault-finding activities		
	anner and obtains all necessary authorisations		
	rise during fault-finding procedures		
d) Demonstrates a logical approach to fault-finding and follows procedures for fault-finding on hydraulic systems			
e) Identifies and inspects the cosystems	orrect test equipment for carrying out fault-finding activities on hy	/draulic	
f) Calibrates test equipment, w pressure gauges and flow me	where appropriate, prior to carrying out fault-finding activities - e.geters	3.	
	rates in the system components in a safe and accurate manner		
Demonstrates the safe disposal of hydraulic oil when carrying out fault diagnosis on systems and			
consistently minimises any contamination			
Records information and data collected during fault-finding activities in a logical manner which can then			
be interpreted by others			
j) Safely removes components for inspection to determine if the unit is faulty			
rather than repaired	of fault-finding and can identify when components may be simply	replaced	
I) Can replace components on the ROV in order that they operate in accordance with system			
m) Performs system tests in a safe manner after fault-finding activities			
n) Reinstates the system after fault-finding activities have been completed			
o) Understands the green and red tagging procedure for system components			
p) Can complete fault report documentation including engineer's logs and maintenance software packages			
q) Safely packages equipment for returning to base			
Witness name: (If applicable in assessment plan)		Date:	
Assessor name:		Date:	

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