



Competent
Persons



Inspector of
Pressured
Equipment

Competent Persons

Assessment checklist for Competent Persons

Applicant name: _____

Steam Generators
 Pressure vessels
 Non-metallics

Initial
 Re-submission

A. Application details:

Certification requirements	Yes	No	Further action required
1. Personal: Are these details completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Education:			
2.1 Secondary education. Are these details completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Other qualifications Do these satisfy SAQCC (CP) requirements for qualifications in mechanical engineering/metallurgy or other relevant engineering qualifications in respect of routes for certification? :	<input type="checkbox"/>	<input type="checkbox"/>	
Duration Credit			
2.3 Trade test <input type="checkbox"/> 2 years			
N2 or less <input type="checkbox"/> 2 years			
N3/Matric <input type="checkbox"/> 2 years			
N4 <input type="checkbox"/>			
N5 <input type="checkbox"/>			
2.4 Technikon S4 <input type="checkbox"/> 1 year			
N6/S3 <input type="checkbox"/>			
G.C.C <input type="checkbox"/>			

3.4 Task checklist used for Evaluation?		
4. Visual acuity.		
4.1 Does the application verify visual capability requirements?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4.2 Is the vision test record valid? (within the last six months)	<input type="checkbox"/> <input type="checkbox"/>	

B. Scheme committee actions:

The assessors from the scheme committee must detail any special actions required to allow certification to proceed.

	<u>Yes</u>	<u>No</u>
i) Audit of application details	<input type="checkbox"/>	<input type="checkbox"/>
ii) Personal interview with applicant	<input type="checkbox"/>	<input type="checkbox"/>
iii) Any other action (to be detailed by assessors)	<input type="checkbox"/>	<input type="checkbox"/>

C. Certification decision:

	<u>Yes</u>	<u>No</u>
Certificate awarded	<input type="checkbox"/>	<input type="checkbox"/>

Scope: _____
e.g: air receivers, medical autoclaves (non-steam generators), hydraulic accumulators, accumulators only

If no, what further action is required from applicant? Detailed recommendations are required.

I, the undersigned, hereby state that no conflict of interest exists between myself and the applicant being assessed for certification and that during the previous two years, I have not employed the candidate or been employed by the candidate or

worked with or for the candidate in any situation which could influence my decision on the certification status of the applicant.

1) _____
Name of scheme committee member

Signature:

2) _____
Name of scheme committee member

Date: _____

Signature: