



Competent Persons Inspector of Pressured Equipment

Competent Persons

Assessment checklist for Competent Persons

Applicant name: ____

Steam Generators	
Pressure vessels	
Non-metallics	

Initial \square

A. <u>Application details:</u>

Certification requirements		Yes	Νο	Further action required	
1.Personal:					•
Are these details completed?					
2. Educ	ation:				
2.1		education.			
		letails completed?			
2.2	Other qual				
		atisfy SAQCC (CP)			
		ts for qualifications in			
		l engineering/metallurgy			
		evant engineering			
		ns in respect of routes			
	for certification				
		Duration Credit			
2.3	Trade test	2 years			
	N2 or less	2 years			
	N3/Matric	2 years			
	N4				
	N5				
2.4 Te	chnikon S4	□ 1 year			
NE	6/S3				
G.	C.C				

IPE (or CP-PV or CP-SG		
Relevant o	degree		
3. Practical training and experience. 3.1 Has applicant attended an SAQCC authorised training course?			_
	Foundation Module (If no Inspector level one)		
	Core Week (Limited certification only) Date completed:		
	Process Plant (Core + Process Pant for unlimited certification)		
3.2	Has applicant supplied copy of successful examination results.		
3.3	Has applicant supplied authenticated evidence of relevant practical inspection and test training over the designated period?		
	 i) 10 vessels over 2 years ii) 10 vessels over 1 year iii) Do the types of vessels cover the scope of limited or unlimited certification as mentioned in 3.1 air 		
	receivers, medical autoclaves (non-steam generators), hydraulic accumulators, accumulators?		
	First inspection task date: Last inspection task date:		

3.4	Task checklist used for Evaluation?	
4. Visual 4.1	acuity. Does the application verify visual capability requirements?	
4.2	Is the vision test record valid? (within the last six months)	

B. <u>Scheme committee actions</u>:

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

		Yes	<u>No</u>
i)	Audit of application details		
ii)	Personal interview with applicant		
iii)	Any other action (to be detailed by assessors)	у 🗔	

C. <u>Certification decision:</u>

Certificate awarded	Yes	<u>No</u>

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: