



Competent
Persons



Inspector of
Pressured
Equipment

Inspectors of Pressurised Equipment

Assessment checklist for Inspectors of Pressurised Equipment

Applicant name:

Metallics

Initial

Non-metallics

Re-submission

Piping Only

A. Application details:

Certification requirements	Yes	No	Further action required
1. Personal: Are these details completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Qualifications Do these satisfy SAQCC (IPE) certification requirements i.r.o.			
2.1 Welding and fabrication inspection. Level 1 and 2 or International Welding Inspection (IWIP) Basic Level and Senior Welding Inspectors. L1 Completion date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 RT Interpreters	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Content of design and manufacturing codes	<input type="checkbox"/>	<input type="checkbox"/>	
2.4 Legal Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	
2.5 CP-PV / CP-SG	<input type="checkbox"/>	<input type="checkbox"/>	
3. Practical training and experience.			
3.1 Details of practical training and reports for eighteen (18) inspector tasks on five (5) different vessel designs.	<input type="checkbox"/>	<input type="checkbox"/>	
3.2 Practical training period two years? (1 year credit for CP) First inspection task date: Last inspection task date:	<input type="checkbox"/>	<input type="checkbox"/>	
3.3 Task checklist used for Evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	

4. Visual acuity.			
4.1	Does the application verify visual capability requirements?	<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"/>

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

Date: _____

Signature:

2) _____
Name of scheme committee member

Date: _____

Signature: