

## ANNEX F - TEST CERTIFIER ASSESSMENT FORM – FILLER OPERATING EQUIPMENT AND SYSTEMS (LPG ONLY)

### Format

When a person making an application to be a test certifier under s82 of the HSNO Act 1996, regulation 11 (4)(a) of the Personnel Qualifications Regulations 2001 requires that all evidence provided to support the application must be presented in a specific format, namely:

*“In deciding whether or not to approve a person as a test certifier, the Authority may regard as sufficient evidence a written record, - (a) in the case of the requirement specified in subclause (1) or (2), signed by a person who has trained or **assessed the person** and **describing the method of assessment** of the knowledge and practical skills of the person, and the **results of that assessment**”.*

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### Assessment – Filler operating equipment and systems

**ASSESSEE:** \_\_\_\_\_

**ASSESSOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBSTANCE:** LPG

This serves to confirm that I assessed the assessee’s knowledge of the various operating equipment and systems relating to filling with LPG on \_\_\_\_\_ (date).

Operating equipment & systems	Practical handling assessment	Understanding of hazard & pre-cautions




I confirm that the assessee’s knowledge of the operating equipment and systems was assessed using the following method \_\_\_\_\_, against the

\_\_\_\_\_ (name the applicable standard or SOP).

I confirm that the assessee has practically filled using LPG and demonstrated a thorough knowledge of the operating systems, hazards and pre-cautions associated with the various substances and that they diligently followed the above mentioned regulatory tools to derive at their answer.

I am confident that the assessee has a satisfactory knowledge of filling and the operating equipment and systems associated with that process and that they have demonstrated that they can meet all legislative requirements in this regard.

**Assessors signature:** \_\_\_\_\_

**Assessors qualification/designation:** \_\_\_\_\_

Assessors knowledge of the **LPG filler operating equipment and systems** was attained by? (tick appropriate circle)

- successfully completing training course (provided full details)\*
- industry experience, (provide details)\*\*
- current test certifier,
- HSNO enforcement officer,
- other (provide details)

(\*Course name, course criteria, name of trainer, date of training)

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 \_\_\_\_\_  
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(\*\* Details of industry experience)

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