

QUALIFIED SUPERVISOR (HAZARDOUS AREAS) APPLICATION FORM

ELECTRICAL WORK IN POTENTIALLY EXPLOSIVE ATMOSPHERES

Please read relevant scheme guide carefully before completing this form. Complete in CAPITALS and write clearly.

1 BUSINESS

Trading Title of Business:
(as registered with NICEIC Approved Contractor Scheme)

Address:
(This address needs to be a physical location from which the business carries out or manages electrical work and to which correspondence can be posted)

Postcode:

Company Registration No:

Business Telephone No:

Business Email:

Website:

2 PROPOSED QUALIFIED SUPERVISOR (HA)

Name: NI No:

Contact No: Email:

3 SUPERVISORY OR MANAGERIAL RESPONSIBILITY FOR HAZARDOUS AREA WORK

The Proposed Qualified Supervisor (HA) has a minimum of two years responsibility for the technical standard of electrical work in hazardous areas Yes

The Proposed Qualified Supervisor (HA) is a principal or employee of the business available on a full time basis Yes

The Proposed Qualified Supervisor (HA) is registered with the NICEIC Approved Contractor Scheme as a Qualified Supervisor for the business No* Yes

Is the Proposed Qualified Supervisor (PQS) a PQS or QS for any other business? No Yes

If yes; please provide details (Business Name(s), Addresses, Scheme Providers, Business' Operating Hours, and whether the PQS/QS works alone or supervises operatives)

The PQS has records of ongoing Continuing Professional Development (CPD) which will be required at the assessment Yes

*Proposed Qualified Supervisor(s) (HA) who are not currently registered on the NICEIC Approved Contractor Scheme as a Qualified Supervisor(s) will need to be separately assessed for compliance with 5(3) of NICEIC Approved Contractor Scheme Rules before the assessment of electrical work in hazardous areas can proceed - see also the Hazardous Area Scheme Guide.

4 HAZARDOUS AREA EXPERIENCE

- | | |
|--|---|
| <input type="checkbox"/> Installation work | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Initial Inspection | <input type="checkbox"/> Periodic Inspection & Reporting |
| <input type="checkbox"/> On-site supervision of operatives | <input type="checkbox"/> Completion of certificates and reports |

The proposed Qualified Supervisor (HA) has at least two years' practical experience of the following zonal concepts:

Flammable gas or vapour:

- | | | |
|--------|------------------------------|-----------------------------|
| Zone 0 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Zone 1 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Zone 2 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Combustible dust:

- | | | |
|---------|------------------------------|-----------------------------|
| Zone 20 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Zone 21 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Zone 22 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Range and Scope of Extension to Certification for Hazardous Area Approval

- | | | | | | |
|------------------------------|------------------------------|-----------------------------|-----------------------|------------------------------|-----------------------------|
| Explosive Gasses/Vapours (G) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Intrinsic Safety (I) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Filling Stations (F) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Combustible Dusts (D) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Water/Sewage/Treatment (W) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other (comment below) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other

5 TRAINING UNDERTAKEN FOR WHICH COPY ASSESSMENT CERTIFICATES ARE ATTACHED

COMP'Ex' training units:

- | | (tick as appropriate) | Year |
|---|--------------------------|----------------------|
| EX01 Preparation and installation of Ex 'd', 'e', 'n' and 'p' systems | <input type="checkbox"/> | <input type="text"/> |
| EX02 Maintenance and inspection of Ex 'd', 'e', 'n' and 'p' systems | <input type="checkbox"/> | <input type="text"/> |
| EX03 The preparation and installation of Ex 'i' systems | <input type="checkbox"/> | <input type="text"/> |
| EX04 The inspection and maintenance of Ex 'i' systems | <input type="checkbox"/> | <input type="text"/> |
| EX05 The preparation and installation of apparatus protected by enclosure used in the presence of combustible dust | <input type="checkbox"/> | <input type="text"/> |
| EX06 The inspection and maintenance of apparatus protected by enclosure used in the presence of combustible dust | <input type="checkbox"/> | <input type="text"/> |
| EX07 The preparation, installation and decommissioning of electrical installations at filling stations | <input type="checkbox"/> | <input type="text"/> |
| EX08 The inspection, testing and maintenance of electrical installations at filling stations | <input type="checkbox"/> | <input type="text"/> |
| EX09 Preparation and installation of electrical installations within the water industry (Ex'd', Ex'e', Ex'n', Ex'p', Ex'i', and dust) | <input type="checkbox"/> | <input type="text"/> |
| EX10 Inspection and maintenance of electrical installations within the water industry (Ex'd', Ex'e', Ex'n', Ex'p', Ex'i', and dust): | <input type="checkbox"/> | <input type="text"/> |
| EX11 Preparation installation inspection and maintenance of mechanical installations in explosive atmospheres | <input type="checkbox"/> | <input type="text"/> |
| EX12 Design of applications and systems for potentially explosive atmospheres | <input type="checkbox"/> | <input type="text"/> |
| IEC Ex Personal Competence Certificate | <input type="checkbox"/> | <input type="text"/> |

No. of Units held:

Other relevant technical courses attended	College/Organisation	Examining body	Dates from/to

6 **DECLARATION** This declaration should be completed by the PDH

I confirm that the details given on this form are true and complete and that I am the PDH of the business indicated in Section 1. I confirm that I have read the requirements for a Qualified Supervisor (HA) set out in the NICEIC Hazardous Areas Scheme Guide.

I confirm on behalf of the business that the proposed Qualified Supervisor (HA) to whom this application relates is considered to be competent within the meaning of the Electricity at Work Regulations.

I agree to pay the published fees in relation to the QS (HA) assessment.

Name:

Signature:

Date:

Position in Business:

Once complete please return the form with copy assessment certificates to us using the email address below. Original assessment certificates must be available at the time of assessment for the assessor to review.

7 **DATA PROTECTION**

We will ensure that all data is handled in accordance with all relevant data protection legislation, including the UK General Data Protection Regulation (GDPR).

I understand I will be sent an email from Certsure LLP detailing how I can set my communications preferences.

Yes

This will allow you to control what marketing communications you receive from us. Once you receive access to the Communications Preference Centre, you can opt in for all or just some marketing communications.