



G03-M REGISTRATION as a <u>METROLOGIST</u>					(Mass)		
Practical Calibration Tasks & Requirements.				Evidence of successfully completed tasks in a laboratory: Reference to ONE (1) Calibration <u>per task</u> to be entered. Reference to participation in <u>ONE</u> (1) ILC is mandatory. Data entered shall preferably not be older than <u>5 years</u> . (When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate).			
Number of Years of Experience in Mass Metrology							Please Submit Evidence
Registered as a "Trainee Metrologist" (If yes state registration number)							
Holder of a SANAS Mass Certificate of Competence		Y	N				
Successfully completion of NLA Mass Exam		Y	N				
No	Calibration Tasks (Add additional supporting tasks if desired)	Equipment Model	Cert No	(for Office use only)	Participated ILC (Details or Report No.)	(for Office use only)	
	The following 6 tasks are required:						
1	Calibration of a Digital Self Indicating Weighing Instrument (Typical industrial weighing instrument)						
2	Calibration of Analytical Laboratory Digital Balance						
3	Calibration of a non-self-indicating Mechanical Weighing Instrument (Triple beam balance, steelyard, etc.)						
4	Calibration of a Set of Weights ≤ 500 g						
5	Calibration of a Set of Weights ≥ 1 kg						
6	Explain in your own words your understanding of magnetic influence on mass measurement (e.g. Experimental results, written explanation)						
7							
8							
9							
► Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀							
I hereby declare that the above information is a true reflection of my experience. Name: _____ Signature: _____ Date: _____				Application is supported by Head of Lab or Registered Metrologist Name: _____ Signature: _____ Position: _____			



G03-E REGISTRATION as an <u>EXPERT METROLOGIST</u>					(Mass)			
Practical Calibration Tasks & Requirements.				Evidence of successfully completed tasks in a laboratory: Reference to ONE (1) Calibration <u>per task</u> to be entered. Reference to participation in <u>ONE</u> (1) ILC is mandatory. Data entered shall preferably not be older than <u>5 years</u> . (When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate).				
Number of Years of Experience in Mass Metrology							Please Submit Evidence	
Registered as a "Mass Metrologist" <i>(If yes state registration number)</i>								
Successful completion of NLA Mass Exam		Y	N					
All tasks for Mass Metrologist Level (See Form G03-M) completed		Y	N					
No Calibration Tasks. (Add additional supporting tasks if desired)			Equipment Model	Cert No	<i>(for Office use only)</i>	*Participated ILC <i>(Details or Report No.)</i>	<i>(for Office use only)</i>	
The following 6 tasks are required:								
1	Calibration of Weights using Orthogonal Design							
2	Explain in your own words your understanding of Buoyancy and Gravity Corrections (e.g. Experimental results, written explanation).							
3	Calibration of Microbalances							
4	Determine the Density of a Solid							
5	Determine the Density of a Liquid							
6	Certification of Weights against OIML Requirements							
7								
8								
▶ Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀								
I hereby declare that the above information is a true reflection of my experience.				Application is supported by Head of Lab or Registered Expert Metrologist				
Name:		Signature:		Name:		Signature:		
Date:				Position:				