



<b>G03-M REGISTRATION as a <u>METROLOGIST</u></b>					<b>(Mass)</b>				
<b>Practical Calibration Tasks &amp; Requirements.</b>				<b>Evidence of successfully completed tasks in a laboratory:</b> 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 <b>Mass</b> Metrology							Please Submit Evidence		
Registered as a "Trainee Metrologist" <i>(If yes state registration number)</i>									
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	<i>(for Office use only)</i>	Participated ILC <i>(Details or Report No.)</i>	<i>(for Office use only)</i>			
	<b>The following 7 tasks are required:</b>								
1	Calibration of a Digital Self Indicating Weighing Instrument <span style="float: right;"><i>(Typical industrial weighing instrument)</i></span>								
2	Calibration of Analytical Laboratory Digital Balance								
3	Calibration of a non-self-indicating Mechanical Weighing Instrument <span style="float: right;"><i>(Triple beam balance, steelyard, etc.)</i></span>								
4	Calibration of a Set of Weights ≤ 500 g (a minimum of 10 weights of various nominal values, between 1 mg and 500g)								
5	Calibration of a Set of Weights ≥ 1 kg (a minimum of 5 weights of the following denominations 1kg, 2kg, 5kg, 10kg and 20kg)								
6	Explain in your own words your understanding of magnetic influence on mass measurement (e.g. Experimental results, written explanation)								
7	Explain in your own words your understanding of Buoyancy correction and provide an example of a calculation showing the application of the correction								
<b>▶ Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀</b>									
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: _____					



<b>G03-E REGISTRATION as an <u>EXPERT METROLOGIST</u></b>					<b>(Mass)</b>			
<b>Practical Calibration Tasks &amp; Requirements.</b>				<b>Evidence of successfully completed tasks in a laboratory:</b> 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 <b>Mass</b> Metrology							Please Submit Evidence	
Registered as a "Mass Metrologist" <i>(If yes state registration number)</i>								
Successful completion of NLA Mass Exam		Y	N					
<b>All tasks</b> for Mass Metrologist Level (See Form G03-M) completed		Y	N					
<b>No Calibration Tasks.</b> (Add additional supporting tasks if desired)			<b>Equipment Model</b>	<b>Cert No</b>	<i>(for Office use only)</i>	<b>*Participated ILC</b> <i>(Details or Report No.)</i>	<i>(for Office use only)</i>	
<b>The following 6 tasks are required:</b>								
<b>1</b>	Calibration of Weights using Weighing Design by subdivision							
<b>2</b>	Explain in your own words your understanding of Buoyancy and Gravity Corrections (e.g. Experimental results, written explanation).							
<b>3</b>	Calibration of Microbalances							
<b>4</b>	Determine the Density of a Solid							
<b>5</b>	Determine the Density of a Liquid							
<b>6</b>	Certification of Weights against OIML Requirements							
<b>7</b>								
<b>8</b>								
<b>▶ Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀</b>								
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 Expert Metrologist  Name: _____ Signature: _____ Position: _____				