



<b>G04-M REGISTRATION as a <u>METROLOGIST</u></b>					<b>(Temperature)</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 <u>Temperature</u> Metrology							Please Submit Evidence
Registered as a "Trainee Metrologist" (If yes state registration number)							
Holder of a SANAS Temperature Certificate of Competence			Y	N			
Successful completion of NLA Temperature Exam Level 1			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)	
	<b>The following 9 tasks are required:</b>						
1	Preparation of an ice point						
2	Calibration of a Liquid in Glass Thermometer	Resolution (1°C)					
3	ELC Corrections – Demonstrate an understanding of ELC corrections						
4	Calibration of Digital Thermometer or Thermometry System including Probe and Readout Device						
5	TC tables and CJC calculations – Demonstrate the use of TC tables and an understanding of CJC calculations						
6	TC Calibration	Accuracy ≥ 1°C					
7	RTD's, PT100, Thermistors, Semiconductors, etc. Calibration, 2 / 3 / 4 wire systems	Accuracy ≥ 0,1°C					
8	Electrical Simulation (Source and Measure)						
9	Radiation Thermometry (variable emissivity/bandwidth)						
10							
<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>G04-E REGISTRATION as an <u>EXPERT METROLOGIST</u></b>					<b>(Temperature)</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 <u>Temperature</u> Metrology							Please Submit Evidence		
Registered as a "Temperature Metrologist" <i>(If yes state registration number)</i>									
Successful completion of NLA Temperature Exam – Level 2			Y	N					
<b>All tasks</b> for Temperature Metrologist Level (See Form G04-M) completed			Y	N					
No	<b>Calibration Tasks.</b> (Add additional supporting tasks if desired)				Equipment Model	Cert No	<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 5 tasks are required:</b>								
1	TC Calibration <span style="float: right;">Accuracy ≤ 1°C</span>								
2	RTD Calibration <span style="float: right;">Accuracy ≤ 0,1°C</span>								
3	Temperature Installations – (Ovens, Liquid Baths, etc.) <span style="float: right;">≥ 100°C including measuring techniques</span>								
4	Temperature Installations – (Fridges, Freezers) <span style="float: right;">≤ 5°C including measuring techniques</span>								
5	Calibration of Dry Blocks								
	<b>At least 3 of the following 5 tasks are required:</b>								
6	Calibration of Isothermal Media – (Sterilizer)								
7	Calibration of Isothermal Media – (Autoclave)								
8	IR Thermometry (typically ± 5°C)								
9	Surface Temperature Probes;								
10	Heat Stress (WBGT) Monitors								
<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: _____				