



G06-M REGISTRATION as a <u>METROLOGIST</u>					(Pressure)		
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 Pressure Metrology							Please Submit Evidence
Registered as a "Trainee Metrologist" (If yes state registration number)							
Holder of a SANAS Pressure Certificate of Competence		Y	N				
Successful completion of NLA Pressure 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 Bourdon Tube type Pressure Gauges (Including the adjustment thereof to correct for zero, span and linearity errors)						
2	*Explain in your own words the Use and care of a Pressure Balance as a Standard in the Pressure Laboratory (Including calculation of Pressure from first principles)						
3	*Explain in your own words the use and care of a Liquid Manometer as a Standard in the Pressure Laboratory (Including the calculation of applied Pressure from first principles)						
4	Calibration of Pressure transmitters/transducers with electrical output - (mA, V, Ω, etc.)						
5	Calibration of Digital Pressure indicators						
6	*Explain in your own words an understanding of the hazards in the use of Oxygen related equipment						
* Submissions of explanations (Items 2,3,6) must be in applicant's own words (i.e not simply downloaded from Google or some other source)							
► 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 Metrologist			
Name: _____		Signature: _____		Name: _____		Signature: _____	
Date: _____				Position: _____			



G06-E REGISTRATION as an <u>EXPERT METROLOGIST</u>					(Pressure)			
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 Pressure Metrology							Please Submit Evidence	
Registered as a "Pressure Metrologist" <i>(If yes state registration number)</i>								
Successful completion of NLA Advanced Pressure Exam			Y	N				
Successful completion of NLA Mass exam			Y	N				
All tasks for Pressure Metrologist Level (See Form G06-M) completed			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 5 tasks are required:							
1	Calibration of Barometers							
2	Calibration of negative gauge pressure							
3	Calibration of Pressure Calibrators including basic Electrical output/input - (mA, V, Ω)							
4	Calibration of Pressure Balances by Cross Floating							
5	*Explain in your own words the operation of vacuum gauges							
	*Submission of explanation (Item 5) must be in applicant's own words (i.e not simply downloaded from Google or some other source)							
6								
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.			Application is supported by Head of Lab or Registered Expert Metrologist					
Name: _____		Signature: _____		Name: _____		Signature: _____		
Date: _____				Position: _____				