



G08-M REGISTRATION as a <u>METROLOGIST</u>					(Torque)			
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 <u>Torque</u> Metrology							Please Submit Evidence	
Registered as a "Trainee Metrologist" <i>(If yes state registration number)</i>								
Holder of a SANAS Torque Certificate of Competence		Y	N					
Successful completion of NLA Torque 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 3 tasks are required:							
1	Calibration of Torque Tools - (Wrenches)							
2	Calibration of Torque Tools - (Screwdrivers);							
3	Explain in your own words your understanding of the fundamentals of Torque Measurement (Including detailed Measurement Uncertainty analysis)							
4								
5								
6								
7								
▶ 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: _____				



G08-E REGISTRATION as an <u>EXPERT METROLOGIST</u>					(Torque)				
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 <u>Torque</u> Metrology							Please Submit Evidence		
Registered as a "Torque Metrologist" (If yes state registration number)									
Successful completion of NLA Torque Exam			Y	N					
All tasks for Torque Metrologist Level (See Form G08-M) completed			Y	N					
Experience of Force or Hardness - (Specify)					Attach Form G07-1 or G09-1				
All tasks for Force Metrologist Level (See Form G07-M) completed			Y	N					
or All tasks for Hardness Metrologist Level (See Form G09-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 3 tasks are required:								
1	Calibration of Torque Transducers								
2	Generate Torque using Beam & Weights								
3	Generate and use a Polynomial function for the Interpolation of a Torque Transducer								
4									
5									
6									
7									
▶ 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 Expert Metrologist Name: _____ Signature: _____ Position: _____				