



G20-M REGISTRATION as a <u>METROLOGIST</u>					(Gas Metrology)		
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 Gas Metrology							Please Submit Evidence
Registered as a "Trainee Metrologist" <i>(If yes state registration number)</i>							
Holder of a SANAS Certificate of Competence in Gas Metrology			Y	N			
Successful completion of a training course in Gas Metrology			Y	N			
Safety Course – Safe handling of toxic and reactive gases and gas mixtures in high pressure vessels			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)	
At least one of the following 2 tasks are required (Based on the capability of the lab):							
1	Calibration of Gas Analysers						
2	Analysis of Gas Mixtures						
3							
4							
5							
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. Name: _____ Signature: _____ Date: _____				Application is supported by Head of Lab or Registered Metrologist Name: _____ Signature: _____ Position: _____			



G20-E REGISTRATION as an <u>EXPERT METROLOGIST</u>					(Gas Metrology)			
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>Gas</u> Metrology							Please Submit Evidence	
Registered as a " Gas Metrologist" (If yes state registration number)								
Successful completion of a training course in Gas Metrology			Y	N				
Safety Course – Safe handling of toxic and reactive gases and gas mixtures in high pressure vessels			Y	N				
All tasks for Metrologist Level (See Form G20-M) completed								
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)		
	(List all tasks motivating MetCert registration noting that these tasks should be at an advanced level of Gas metrology							
1								
2								
3								
4								
7								
8								
9								
► Certificates and Data for all tasks including detailed calculation of the Uncertainty of Measurements must be available and submitted if requested ◀								
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: _____				