

# QUALIFIED SUPERVISOR (HAZARDOUS AREAS) APPLICATION FORM

## ELECTRICAL WORK IN POTENTIALLY EXPLOSIVE ATMOSPHERES

### 1 APPLICANT BUSINESS

Trading Title of Business:

(as registered with NICEIC Approved Contractor Scheme)

Registration No:

Address:

Postal Town:

County:

Postcode:

Telephone No:

Business Email:

### 2 NAME OF PROPOSED QUALIFIED SUPERVISOR (HA) (BLOCK CAPITALS)

Surname:

Forename(s):

### 3 SUPERVISORY OR MANAGERIAL RESPONSIBILITY FOR HAZARDOUS AREA WORK

I have had at least two consecutive years' supervisory or managerial responsibility for the standard of electrical installation work in hazardous areas

Yes

I am a principal or employee of the business employed on a full time basis

Yes

I am currently registered with the NICEIC Approved Contractor Scheme as a Qualified Supervisor

No\*

Yes

\*Proposed Qualified Supervisors (HA) who are not currently registered with the NICEIC Approved Contractor Scheme as a Qualified Supervisor(s) will need to be separately assessed for compliance with 5(3) of NICEIC Rules Relating to Registration before the on-site assessment of electrical work in hazardous areas can proceed - see also the 'Hazardous Area Scheme, Guide to Registration'.

### 4 HAZARDOUS AREA EXPERIENCE

Installation work

Initial inspection

On-site supervision of operatives

Testing

Periodic inspection, and reporting

Completion of certificates and reports

## 5 HAZARDOUS AREA EXPERIENCE (CONTINUED)

I have at least two years' practical experience of the following zonal concepts:

### Flammable gas or vapour:

Zone 0 Yes  No   
 Zone 1 Yes  No   
 Zone 2 Yes  No

### Combustible dust:

Zone 20 Yes  No   
 Zone 21 Yes  No   
 Zone 22 Yes  No

### Range and Scope of Extension to Enrolment for Hazardous Area Approval

Explosive Gasses/Vapours (G) Yes  No  No Intrinsic Safety (I) Yes  No   
 Filling Stations (F) Yes  No  Combustible Dusts (D) Yes  No   
 Water/Sewage/Treatment (W) Yes  No  Other (comment below) Yes  No

## 6 TRAINING UNDERTAKEN FOR WHICH COPY ASSESSMENT CERTIFICATES ARE ATTACHED

### COMP'Ex' training units:

	(tick as appropriate)	Year
EX01 Preparation and installation of Ex 'd', 'e', 'n' and 'p' systems	<input type="checkbox"/>	<input type="text"/>
EX02 Maintenance and inspection of Ex 'd', 'e', 'n' and 'p' systems	<input type="checkbox"/>	<input type="text"/>
EX03 The preparation and installation of Ex 'i' systems	<input type="checkbox"/>	<input type="text"/>
EX04 The inspection and maintenance of Ex 'i' systems	<input type="checkbox"/>	<input type="text"/>
EX05 The preparation and installation of apparatus protected by enclosure used in the presence of combustible dust	<input type="checkbox"/>	<input type="text"/>
EX06 The inspection and maintenance of apparatus protected by enclosure used in the presence of combustible dust	<input type="checkbox"/>	<input type="text"/>
EX07 The preparation, installation and decommissioning of electrical installations at filling stations	<input type="checkbox"/>	<input type="text"/>
EX08 The inspection, testing and maintenance of electrical installations at filling stations	<input type="checkbox"/>	<input type="text"/>
EX09 Preparation and installation of electrical installations within the water industry (Ex'd', Ex'e', Ex'n', Ex'p', Ex'i', and dust)	<input type="checkbox"/>	<input type="text"/>
EX010 Inspection and maintenance of electrical installations within the water industry (Ex'd', Ex'e', Ex'n', Ex'p', Ex'i', and dust):	<input type="checkbox"/>	<input type="text"/>
EX011 Preparation installation inspection and maintenance of mechanical installations in explosive atmospheres	<input type="checkbox"/>	<input type="text"/>
EX012 Design of applications and systems for potentially explosive atmospheres	<input type="checkbox"/>	<input type="text"/>
IEC Ex Personal Competence Certificate	<input type="checkbox"/>	<input type="text"/>

No. of Units held:

Other relevant technical courses attended	College/Organisation	Examining body	Dates from/to

## 7 DECLARATIONS

I confirm that the details given on this form are true and complete and that I am employed on a full-time basis by the business indicated in Section 1. I confirm that I have read the requirements for a Qualified Supervisor (HA) set out in the NICEIC 'Hazardous Area Scheme, Guide to Registration'.

Signature of proposed Qualified Supervisor (HA) named overleaf: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm on behalf of the business that the proposed Qualified Supervisor (HA) to whom this application relates is considered by me to be competent within the meaning of the Electricity at Work Regulations.

Signature of Principal Duty Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Please check that this form has been fully completed, and return it with copy assessment certificates to the NICEIC.