WORKSAFE

Application for authorisation as compliance certifier

Annex B: Assessment – gases under pressure

For the purposes of regulation 6.6(1)(a) of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Applicant name:

Assessor name:

Date: DD / MM / YEAR

This serves to confirm that I assessed the applicant's knowledge of hazards and risks associated with the following gases under pressure.

GASES	PRESSURE EQUIPMENT	CAPACITY	HAZARDS	RISKS

Assessor's qualifications:

Other: (specify)

Industry experience

Current compliance certifier Former HSNO test certifier

Former HSNO enforcement officer

Regulations and associated legislations.

I confirm that the applicant correctly identified the hazards and risks associated with the gases listed above and has demonstrated that he/she is qualified.

I am confident that the applicant has a satisfactory knowledge of hazards and risks associated with gases under pressure.

Assessor's signature:

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Application for authorisation as compliance certifier

Annex B: Assessment – gases under pressure

Please provide details demonstrating your knowledge of hazards and risks associated with gases under pressure: