Evidence of Prerequisite Experience

Steps to achieve HAZOP Leader (TÜV)

Step 1: attend HAZOP Leader (TÜV) course.

To attend the course, candidates must meet the following criteria:

1. minimum of 5 years’ experience in HAZOP technique and
2. university degree (master's or bachelor's degree in engineering or science discipline) or equivalent engineer level responsibilities with status certified by employer

Step 2: attend the examination.

To attend the examination, candidates must attend the course **and** pass the continuous assessment.

Step 3: take the examination.

Participants who pass the continuous assessment will be invited to take the examination.

What do you need to provide?

1. Your HAZOP experience. No less than less than 5 years, including at least one of the following:
* HAZOP team member, with significant contribution
* HAZOP scribe
* HAZOP leader
1. Either:
* a copy of your degree certificate, or
* a reference letter from your employer which outlines your contribution to HAZOPs.

The information you provide will be evaluated by one of our experts to determine your suitability to attend the course.

|  |  |
| --- | --- |
| First name |  |
| Middle name(s): |  |
| Family name: |  |
| Date of birth: |  | City of birth: |  |
| Email address: |  |
| Training date: |  |

*Name provided should be your full legal name as it appears on your passport, drivers licence, etc.*

Relevant employment history

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Company | Role / position | Location |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Relevant training history

|  |  |  |
| --- | --- | --- |
| Course title | Training provider | Date |
|  |  |  |
|  |  |  |
|  |  |  |

HAZOP experience

Please provide specific details of significant contributions in HAZOP studies. For each HAZOP this should include:

1. The context of the HAZOP, including the project scope/summary and the duration of the HAZOP.
2. The duration of your contributions to the HAZOP.
3. Any further information you would like to provide that expands upon your contribution to the HAZOP.

***Note:*** *You do not need to provide a cumulative total of 5 years’ experience, but we expect to see evidence of significant contributions to multiple HAZOPs over a period of no less than 5 years.*

|  |  |  |  |
| --- | --- | --- | --- |
| Job title |  | Company |  |
| Role in HAZOP | Select your role. | Date |  |
| The context of the HAZOP, including:* project scope/summary
* duration of the HAZOP
 | Project scope/summary: |
| Duration of the HAZOP: |
| Duration of your HAZOP attendance (days) |  |
| Any further information you would like to provide that expands upon your contribution to the HAZOP |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job title |  | Company |  |
| Role in HAZOP | Select your role. | Date |  |
| The context of the HAZOP, including:* project scope/summary
* duration of the HAZOP
 | Project scope/summary: |
| Duration of the HAZOP: |
| Duration of your HAZOP attendance (days) |  |
| Any further information you would like to provide that expands upon your contribution to the HAZOP |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job title |  | Company |  |
| Role in HAZOP | Select your role. | Date |  |
| The context of the HAZOP, including:* project scope/summary
* duration of the HAZOP
 | Project scope/summary: |
| Duration of the HAZOP: |
| Duration of your HAZOP attendance (days) |  |
| Any further information you would like to provide that expands upon your contribution to the HAZOP |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job title |  | Company |  |
| Role in HAZOP | Select your role. | Date |  |
| The context of the HAZOP, including:* project scope/summary
* duration of the HAZOP
 | Project scope/summary: |
| Duration of the HAZOP: |
| Duration of your HAZOP attendance (days) |  |
| Any further information you would like to provide that expands upon your contribution to the HAZOP |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job title |  | Company |  |
| Role in HAZOP | Select your role. | Date |  |
| The context of the HAZOP, including:* project scope/summary
* duration of the HAZOP
 | Project scope/summary: |
| Duration of the HAZOP: |
| Duration of your HAZOP attendance (days) |  |
| Any further information you would like to provide that expands upon your contribution to the HAZOP |  |

*Please add more boxes if necessary.*

|  |  |
| --- | --- |
| Total duration as HAZOP chair | ….. days |
| Total duration as HAZOP scribe | ….. days |
| Total duration as HAZOP participant | ….. days |

|  |  |
| --- | --- |
| Total number of years’ experience in HAZOP technique*Note: A minimum of 5 years’ experience is required* | ….. years |

*You do not need to provide a* ***cumulative*** *total of 5 years’ experience.*

Facilitation experience

If you believe your HAZOP experience may be somewhat short of the required 5 years’ experience, please provide details of any facilitation experience you have, e.g. HAZID, What If, FMEA or other similar technical and professional workshops, or training delivery, or conference and seminar presentations.

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Duration |  |
| Details of training or workshop facilitated, including number of attendees |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Duration |  |
| Details of training or workshop facilitated, including number of attendees |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Duration |  |
| Details of training or workshop facilitated, including number of attendees |  |

Additional information

Please provide any additional details to support your application, e.g. process engineering or HAZOP training/coaching received.

|  |
| --- |
|  |

University degree (minimum Bachelor’s) in relevant field

|  |  |
| --- | --- |
| University name |  |
| City |  |
| Country |  |
| Technical field |  |
| Degree title |  |
| Date of award |  |
| Copy of certificate attached? | [ ]  Yes[ ]  No (a copy must be provided prior to the start of the course) |

Reference letter

Only applicable for persons who do not have an engineering degree.

|  |  |
| --- | --- |
| Company name |  |
| City |  |
| Country |  |
| Technical field |  |
| Title / responsibility |  |
| Date |  |
| Signed letter attached? | [ ]  Yes[ ]  No (a copy must be provided prior to the start of the course) |

Declaration

[ ]  I confirm that the above information is correct and accurate to the best of my knowledge.

[ ]  I understand that inaccurate information could void my HAZOP Leader (TÜV) certificate any time in the future.

|  |  |
| --- | --- |
| Full name |  |
| Signature |  |
| Date |  |